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ABSTRACT

The Youth Risk Behavior Survey (YRBS) is a questionnaire of 92 items assessing the 6 health-care behaviors resulting in the greatest amount of youth morbidity, mortality, and social problems: (1) intentional and unintentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual activity resulting in HIV infection, other sexually transmitted diseases, or unintended pregnancy; (5) dietary behaviors; and (6) physical activity. All public, private, and Bureau of Indian Affairs high schools in South Dakota were eligible for inclusion in the sample. Respondents included 1,348 high school students, approximately 50% of whom were females and 94% of whom were white. A weighting procedure was employed so as to reduce possible bias. Each question is presented alongside a corresponding bar graph reflecting the results. National Health Objectives for the Year 2000 are presented next to survey questions to which they relate, as well as the rationale for inclusion of each question. (Contains 39 references.) (CC)

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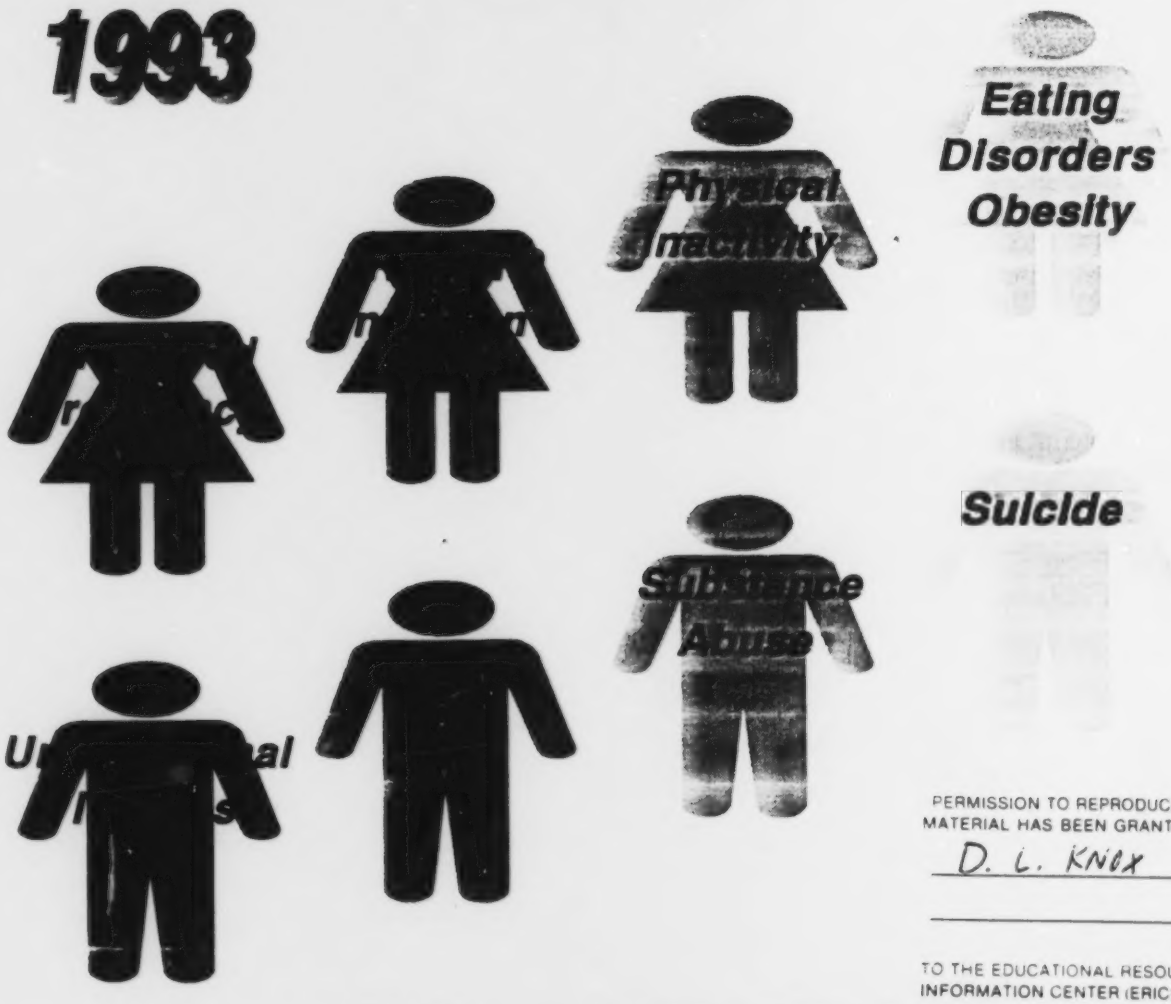
SOUTH DAKOTA YOUTH RISK BEHAVIOR SURVEY REPORT 1993



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SOUTH DAKOTA
YOUTH RISK BEHAVIOR SURVEY
REPORT
1993

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ACKNOWLEDGEMENTS

This survey would not have been possible without the support and effort of many individuals who felt that obtaining this information was important to the health and well-being of the youth of South Dakota. Sincere appreciation is extended to the school system superintendents and administrators, school principals, and the students and teachers who participated in the 1993 South Dakota Youth Risk Behavior Survey.

A special thank you is extended to Dr. John A. Bonaiuto, Secretary of the South Dakota Department of Education and Cultural Affairs, the South Dakota Board of Education, and William S. Podhradsky, Secretary of the South Dakota Department of Human Services for their continued support for this survey and all educational activities related to superior health of South Dakota youth.

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Finally, Karen Wibbens deserves recognition for her talents in designing the cover of this report.

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Description of the Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a questionnaire consisting of 92 items that assess the six priority health-risk behaviors which result in the greatest amount of morbidity, mortality, and social problems among youth. The YRBS was developed cooperatively by the Centers for Disease Control (CDC), and state and local departments of education. The six priority health-risk behaviors assessed in the YRBS are intentional and unintentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancy; dietary behaviors; and physical activity.

These six priority health-risk behaviors were selected for inclusion in the survey because, among persons aged 1-24 years, approximately 68% of all deaths are due to only four causes: motor vehicle crashes (33%), other unintentional injuries (15%), homicide (10%), and suicide (10%). In addition, each year, an estimated 800,000 teenaged girls become pregnant unintentionally and approximately 2.5 million teenagers are infected with a sexually transmitted disease. A limited number of behaviors usually established during youth contribute substantially to these causes of mortality and morbidity. These behaviors include carrying a weapon; physical fighting; attempted suicide; drinking or using drugs while operating a motor vehicle; lack of seatbelt use while riding in a motor vehicle; lack of helmet use while riding a bicycle or motorcycle; unsafe water recreation; and unprotected sexual intercourse that results in unintended pregnancies and sexually-transmitted diseases, including HIV infection.

Among all age groups combined in the U.S., almost 60% of deaths are due to only two causes: diseases of the heart (36%) and malignant neoplasms (22%). A limited number of behaviors, often established during youth, contribute to these health problems which generally do not result in mortality and morbidity until adulthood. These behaviors include the use of tobacco; excessive consumption of fat, calories, and sodium; insufficient consumption of fiber; and insufficient physical activity.

Description of the Sample Selection Process

All public, private, and Bureau of Indian Affairs (BIA) schools in South Dakota containing any students in grades 9, 10, 11, or 12 were eligible to be selected for inclusion in the sample. Ungraded and out-of-school programs were excluded. Schools were stratified on the basis of type of control (public, private, BIA), region (East River, West River), and size of enrollment. Systematic sampling with probabilities proportional to size with a random start was used to select 25 schools to participate in the survey.

Each participating school submitted a list of all classes with students in grades 9, 10, 11, or 12 which met during a given class period (e.g., 2 nd period). Systematic equal probability sampling with a random start was used to select classes to participate in the survey.

Description of the Survey Administration in the Classroom

Prior to the administration of the survey, a letter was sent to the parents of the students in each of the selected classes, which informed them about the nature of the survey. The letter also contained a form which the parents could return to request that their child not participate in the survey. The instructions read to the students and printed on the survey stated that completing the survey is voluntary, and even though their parents had given permission for them to do the survey, they could make their own decision at that time as to whether or not to participate.

Description of the Strategies to Ensure the Privacy of Responses

The survey administration process was designed to maximize the confidentiality of each student's responses. Two strategies were utilized to achieve the greatest possible privacy for the students' responses. The first strategy consisted of distributing four versions of the questionnaire in each classroom. Each version had a different ordering of the questions. Therefore, even if someone was to see another person's responses, the onlooker would not know which questions were being answered. The second strategy for ensuring privacy consisted of having the students seal their sense-mark answer sheets into a standard-size business envelope, and then having them seal the questionnaire and the sealed business envelope into a large manila envelope.

Results

Characteristics of the Sample

Completed surveys were received from 18 of the 25 sampled schools for a school response rate of 72%. Usable questionnaires were received from 1,348 of the 1,487 sampled students for a student response rate of 91%. The overall response rate was (72% * 91%) = 66%.

The 1,348 respondents were comprised of 666 females (50%) and 677 males (50%). Five of the respondents did not indicate their gender. The grade level breakdown of the respondents was 351 ninth grade (26%), 372 tenth grade (28%), 352 eleventh grade (26%), and 265 twelfth grade (20%). Eight of the respondents (1%) did not indicate their grade level. The race/ethnicity breakdown of the respondents was 1,267 White (94%), 30 Native American (2%), 7 Hispanic (1%), 18 Black (1%), 11 Asian or Pacific Islander (1%), and 14 Other (1%).

When asked to describe what kind of student they are in comparison to the other students in their class, 734 (55%) of the respondents indicated that they were in the middle or a little above the middle, 505 (37%) indicated that they were far above the middle or one of the best, and 107 (8%) indicated that they were below the middle to near the bottom.

Weighting of the Responses

A weighting procedure was performed to reduce bias by compensating for differing patterns of nonresponse and to reflect the likelihood of sampling each student. The weighted results contained in this report can be used to make inferences concerning the priority health-risk behaviors of all high school students in grades 9 through 12 in public, private, and BIA schools in South Dakota.

Organization of this Report

The following seven pages provide a summary of each of the six priority health-risk behaviors, and a summary of perceptions concerning HIV/AIDS. The remainder of the report provides the summary results for each of the survey questions, along with the related National Health Objectives for the Year 2000, and the rationale for each question. In addition to reporting the overall results for each question, a separate breakdown is provided for grade level. Since the majority of the 1993 questions were also included in the 1991 and 1992 surveys, the results are also summarized by year.

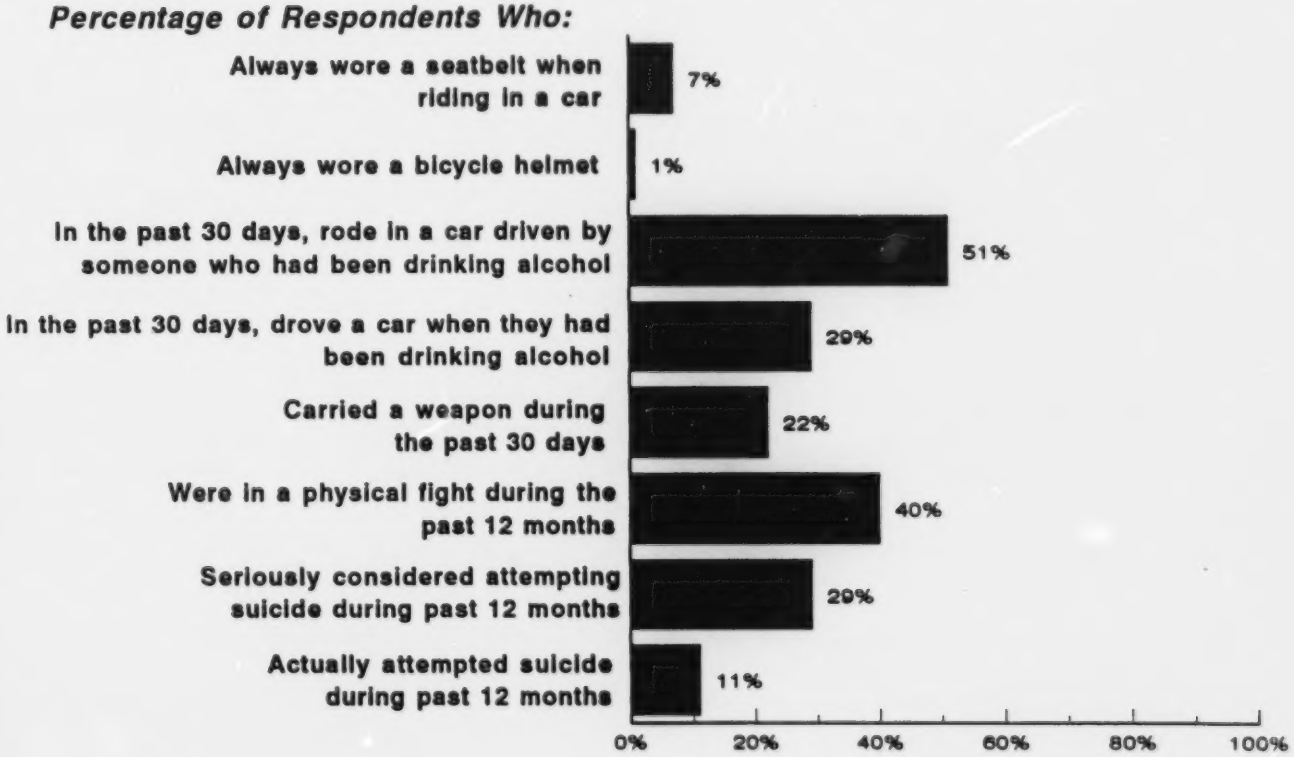
Summary of Behaviors that Result in Intentional and Unintentional Injuries

The chart below summarizes the reported risk behaviors that result in intentional and unintentional injuries. Seven percent of the respondents always wore a seatbelt when riding in a car. Only one percent of the respondents always used a bicycle helmet when riding a bicycle. Fifty-one percent of the respondents, during the past 30 days, rode in an automobile that was driven by someone who had been drinking alcohol. During the past 30 days, over one-fourth (29%) of the respondents had driven an automobile when they had been drinking alcohol.

Forty percent of the respondents reported that they had been in a physical fight during the past 12 months, and 22% of the respondents had carried a weapon during the past 30 days.

Suicide was seriously considered by 29% of the respondents during the past 12 months, and 11% of the respondents reported actually attempting suicide during the past 12 months.

Behaviors that Result in Intentional and Unintentional Injuries


Percentage of Respondents Who:
Always wore a seatbelt when riding in a car
7%
Always wore a bicycle helmet
1%
In the past 30 days, rode in a car driven by someone who had been drinking alcohol
51%
In the past 30 days, drove a car when they had been drinking alcohol
29%
Carried a weapon during the past 30 days
22%
Were in a physical fight during the past 12 months
40%
Seriously considered attempting suicide during past 12 months
29%
Actually attempted suicide during past 12 months
11%
0%
20%
40%
60%
80%
100%

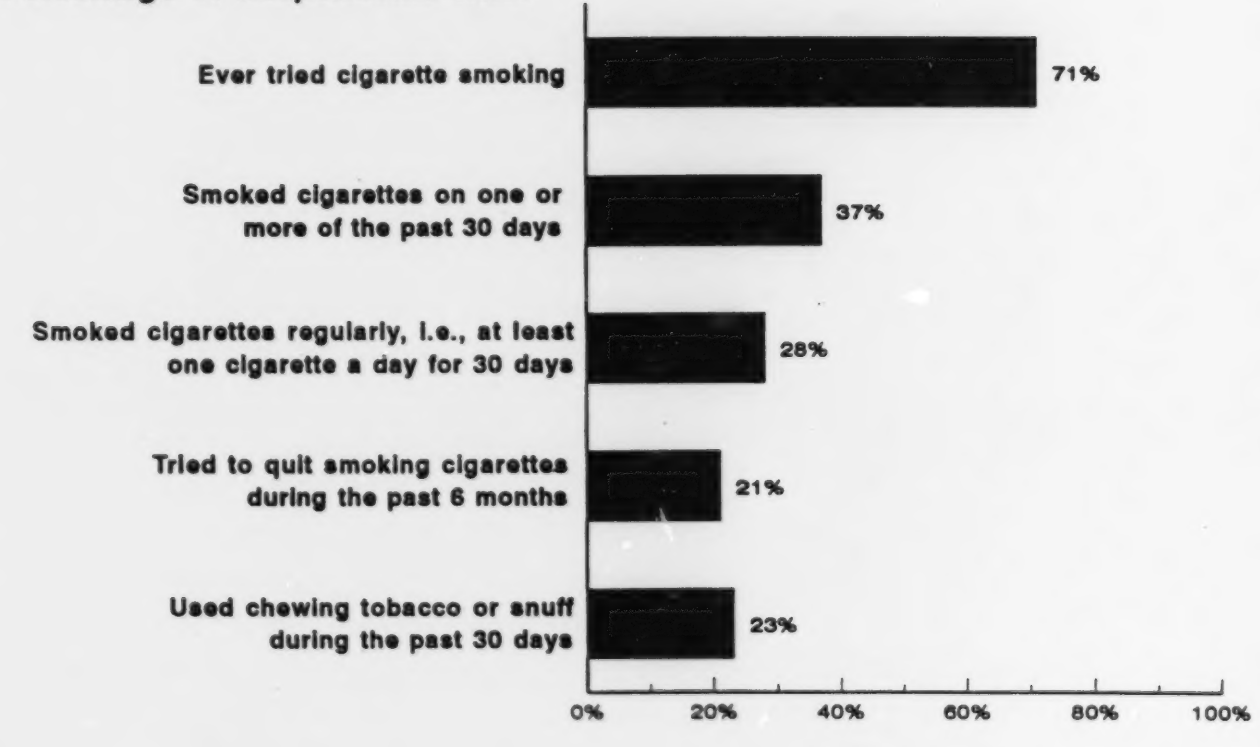
Summary of Tobacco Use

The reported risk behaviors associated with tobacco use are summarized in the chart below. Nearly three-fourths (71%) of the respondents have tried cigarette smoking. Over one-third (37%) of the respondents smoked a cigarette during the past 30 days, and over one-fourth (28%) of the respondents smoked regularly during the past 30 days, i.e., at least one cigarette a day every day. Twenty-one percent of the respondents reported that they tried to quit smoking during the past 6 months.

Approximately one-fifth (23%) of the respondents reported using smokeless tobacco, i.e., chewing tobacco or snuff.

Tobacco Use

Percentage of Respondents Who:



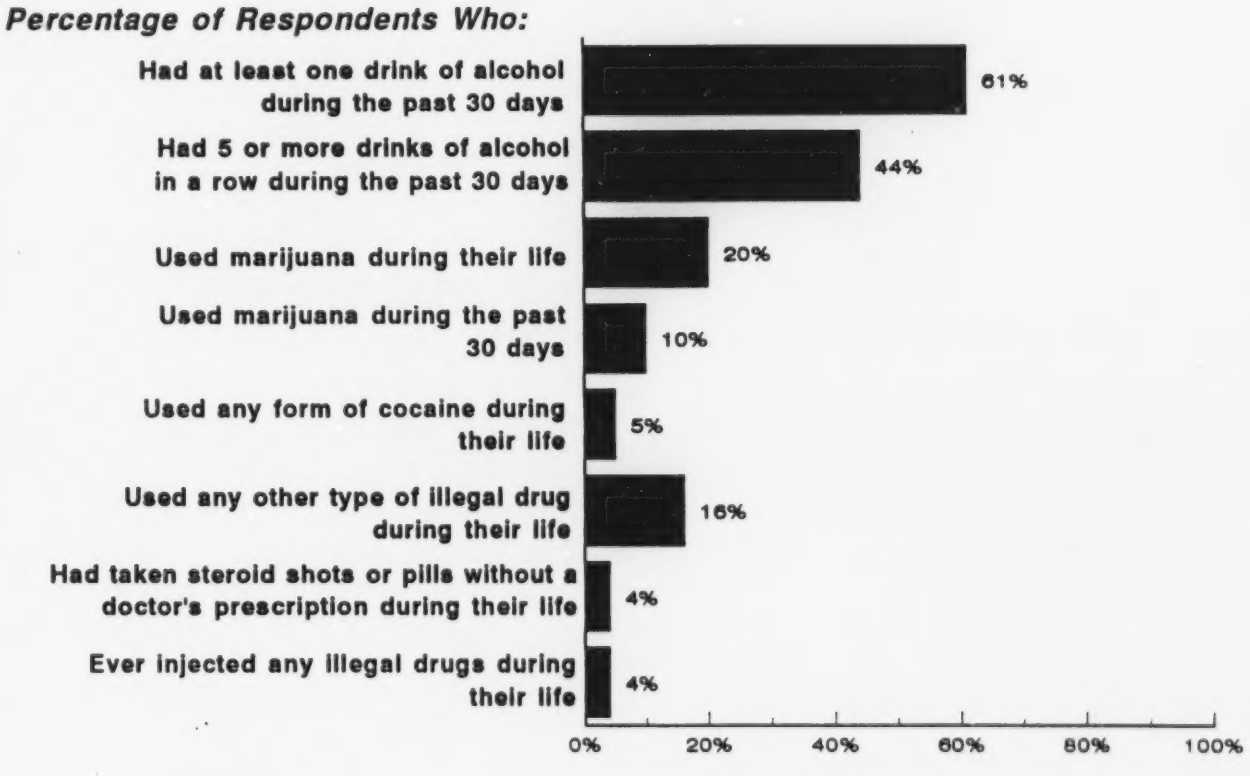
Summary of Alcohol and Other Drug Use

The chart below summarizes the reported risk behaviors associated with the use of alcohol and other drugs. Over half of the respondents (61%) reported having at least one alcoholic drink during the past 30 days. Over one-third (44%) of the respondents had 5 or more alcoholic drinks in a row during the past 30 days.

Marijuana was used at least once by 20% of the respondents. Ten percent of the respondents used marijuana during the past 30 days.

Cocaine use was reported by 5% of the respondents. Four percent of the respondents reported using steroid pills or shots without a doctor's prescription. Sixteen percent of the respondents reported using other illegal drugs. Drugs were injected by 4% of the respondents.

Alcohol and Other Drug Use


Percentage of Respondents Who:
Had at least one drink of alcohol during the past 30 days
61%
Had 5 or more drinks of alcohol in a row during the past 30 days
44%
Used marijuana during their life
20%
Used marijuana during the past 30 days
10%
Used any form of cocaine during their life
5%
Used any other type of illegal drug during their life
16%
Had taken steroid shots or pills without a doctor's prescription during their life
4%
Ever injected any illegal drugs during their life
4%
0%
20%
40%
60%
80%
100%

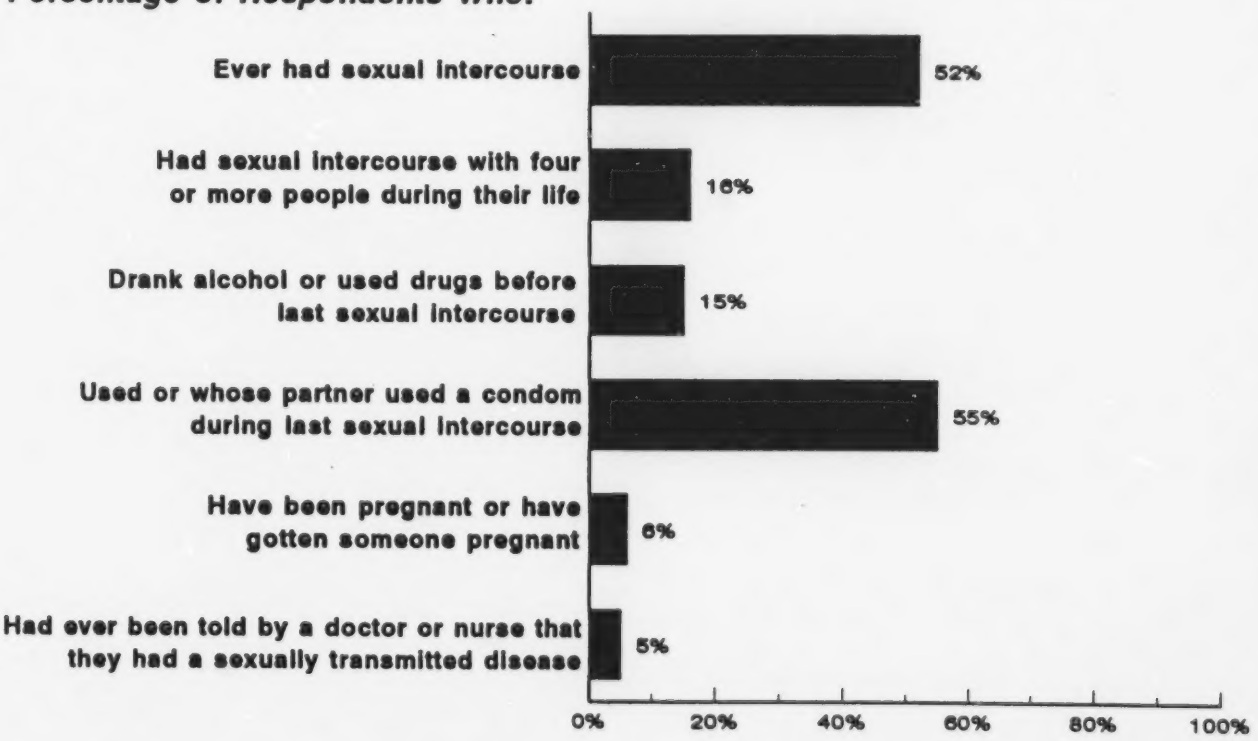
Summary of Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancy

The chart below summarizes the reported sexual risk behaviors. Approximately half (52%) of the respondents reported having had sexual intercourse. Sixteen percent of the respondents reported having sexual intercourse with four or more people during their life.

Alcohol or other drugs were used prior to last sexual intercourse by 15% of the respondents. Over one-half (55%) of the respondents who reported having had sexual intercourse also reported condom use during last sexual intercourse.

Six percent of the respondents reported that they had become pregnant or had gotten someone pregnant. Five percent of the respondents reported having been told by a doctor or nurse that they had a sexually transmitted disease.

Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancies

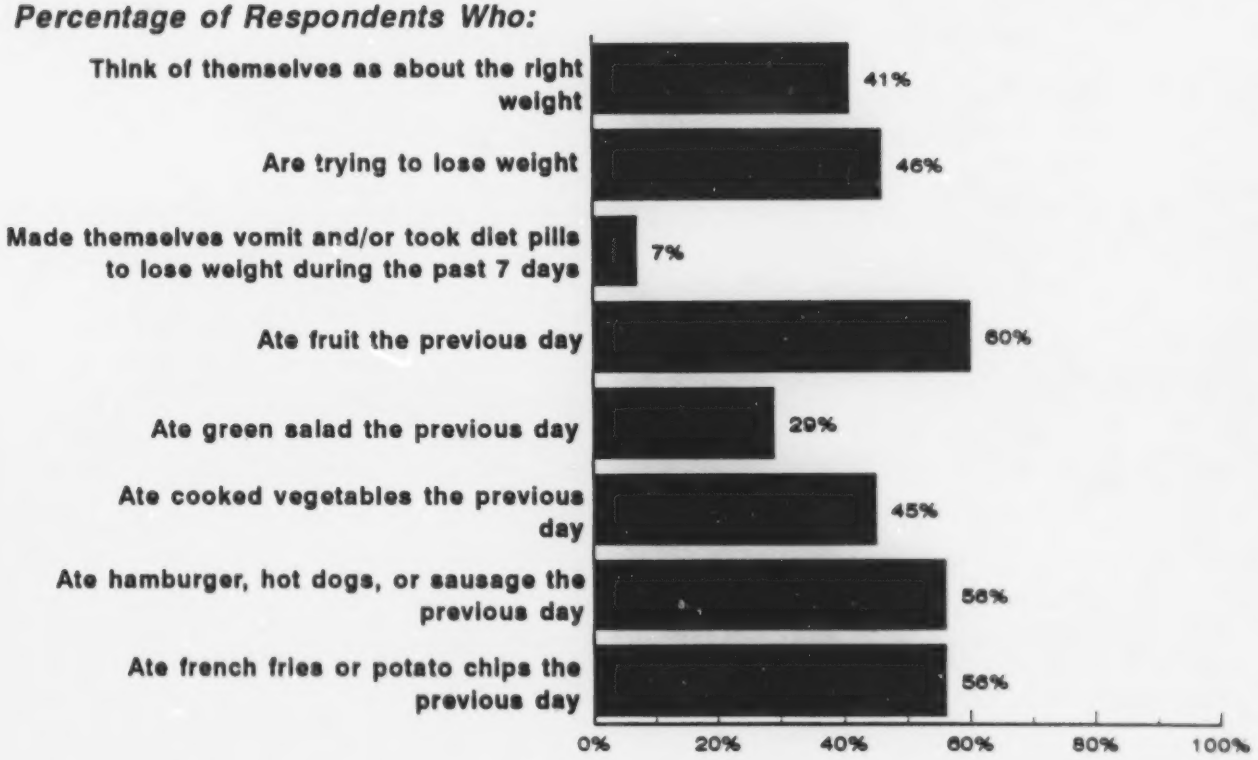


Summary of Dietary Behaviors

The reported risk behaviors associated with dietary excesses and imbalances are summarized in the chart below. Forty-one percent of the respondents reported that they were the right weight. Forty-six percent reported that they were trying to lose weight. Seven percent of the respondents reported using diet pills and/or vomiting to lose weight during the past 7 days.

Regarding the foods they had eaten the previous day, 60% had eaten fruit, 29% had eaten green salad, and 45% had eaten cooked vegetables. Over half of the respondents had eaten foods such as hamburgers and hot dogs (56%), and french fries and potato chips (56%) on the previous day.

Dietary Behaviors



Summary of Physical Activity

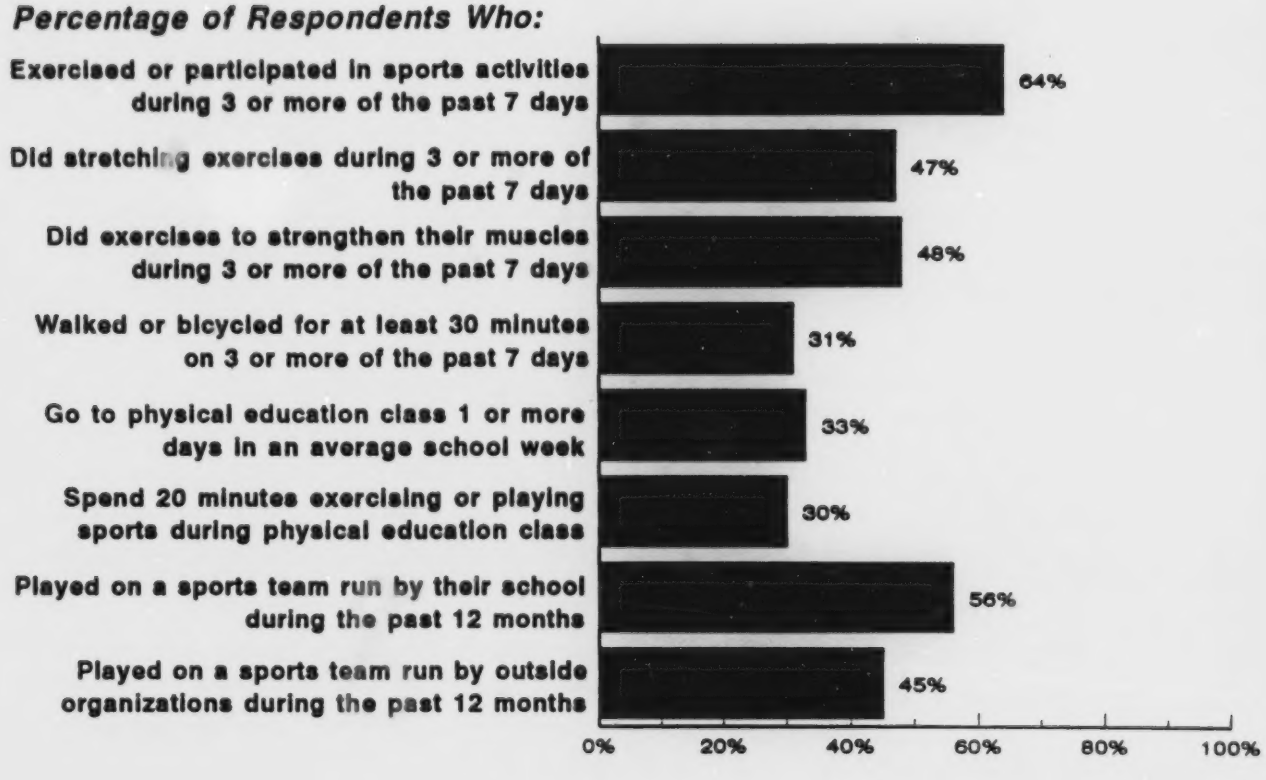
The chart below summarizes the reported risk behaviors associated with physical inactivity. Regarding the amount of physical activity in which they engaged, 64% of the respondents reported participating in strenuous exercise during the past 7 days. Forty-seven percent of the respondents reported engaging in stretching exercises during the past 7 days, and 48% of the respondents reported that they participated in exercises to strengthen or tone their muscles.

Thirty-one percent of the respondents walked or rode a bicycle for at least 30 minutes on three or more of the past seven days.

One third of the respondents had at least one day of physical education class per week at school. Thirty percent of the respondents reported spending at least 20 minutes actually exercising or playing sports during an average physical education class.

Participation on school sports teams during the past 12 months was reported by 56% of the respondents, and 45% reported participating on a sports team run by organizations outside of school.

Physical Activity

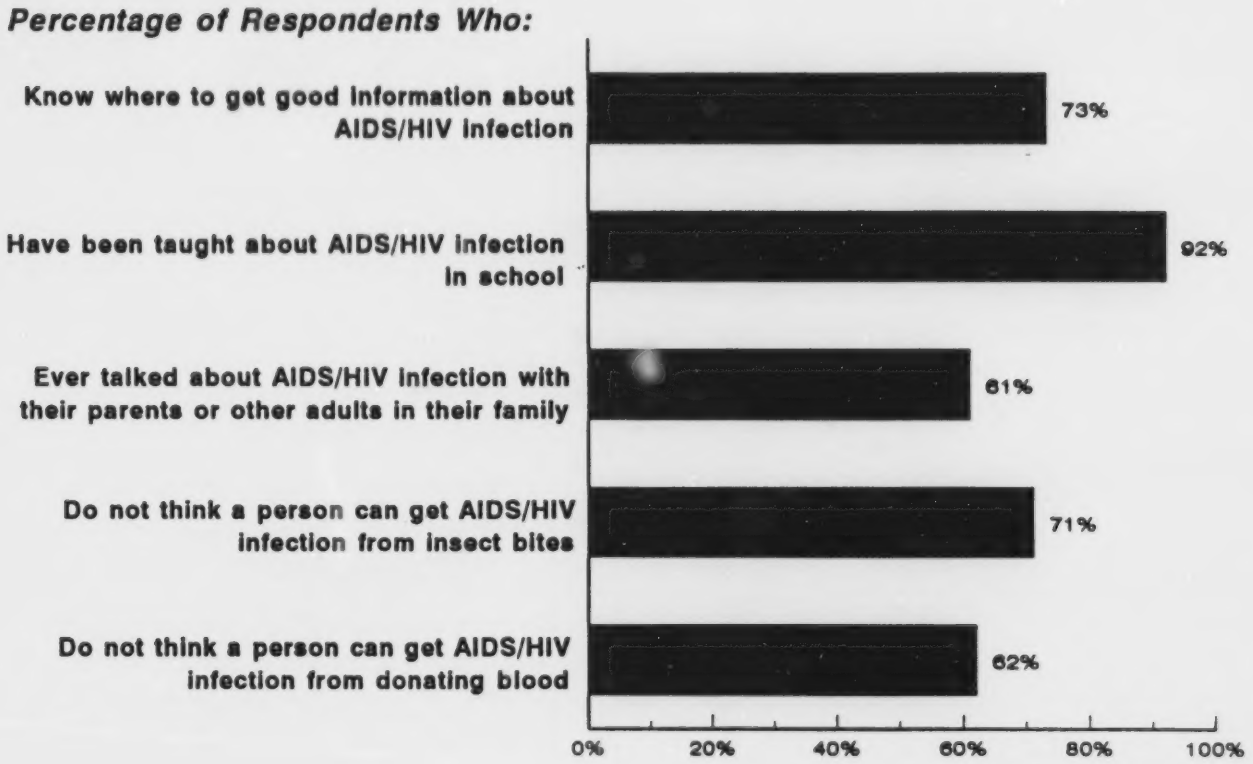

Percentage of Respondents Who:
Exercised or participated in sports activities during 3 or more of the past 7 days
64%
Did stretching exercises during 3 or more of the past 7 days
47%
Did exercises to strengthen their muscles during 3 or more of the past 7 days
48%
Walked or bicycled for at least 30 minutes on 3 or more of the past 7 days
31%
Go to physical education class 1 or more days in an average school week
33%
Spend 20 minutes exercising or playing sports during physical education class
30%
Played on a sports team run by their school during the past 12 months
56%
Played on a sports team run by outside organizations during the past 12 months
45%
0%
20%
40%
60%
80%
100%

Summary of Perceptions Concerning AIDS/HIV

The respondents' perceptions regarding HIV/AIDS are summarized in the chart below. Seventy-three percent of the respondents reported that they know where to get good information about AIDS/HIV infection. Ninety-two percent of the respondents reported being taught about HIV/AIDS at school. Sixty-one percent reported talking with their family about AIDS/HIV.

Regarding the transmission of HIV, 71% of the respondents reported that you cannot get infected with HIV from insect bites. Sixty-two percent stated that you cannot get infected with HIV by donating blood.

Perceptions Concerning HIV/AIDS


Percentage of Respondents Who:
Know where to get good information about AIDS/HIV infection
73%
Have been taught about AIDS/HIV infection in school
92%
Ever talked about AIDS/HIV infection with their parents or other adults in their family
61%
Do not think a person can get AIDS/HIV infection from insect bites
71%
Do not think a person can get AIDS/HIV infection from donating blood
62%
0%
20%
40%
60%
80%
100%

Behaviors that Result in Intentional and Unintentional Injuries

Related National Health Objective for the Year 2000:

Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85% of motor vehicle occupants.

Question:

6. How often do you wear a seat belt when riding in a car driven by someone else?

Rationale:

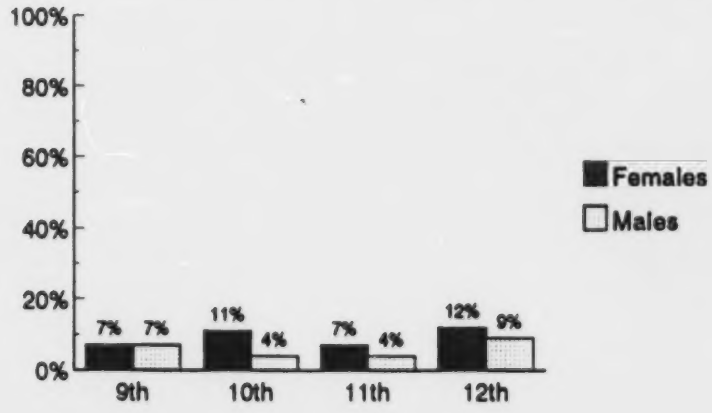
This question measures the frequency with which students wear seat belts when riding in a motor vehicle. Seat belt use is estimated to reduce motor vehicle fatalities by 40% to 50% and serious injuries by 45% to 55%.[1] Increasing the use of automobile safety restraint systems to 85% could save an estimated 10,000 American lives per year.[2]

Results:

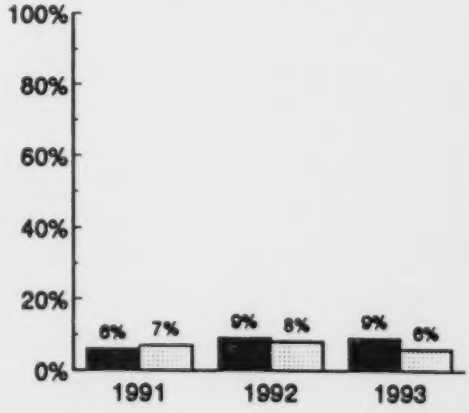
Question 6

Percentage of respondents who always wore a seat belt when riding in a car driven by someone else = 8%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Related National Health Objective for the Year 2000:

Increase use of helmets to at least 80% of motorcyclists and at least 50% of bicyclists.

Questions:

7. During the past 12 months, how many times did you ride a motorcycle?
8. When you rode a motorcycle during the past 12 months, how often did you wear a helmet?
9. During the past 12 months, how many times did you ride a bicycle?
10. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

Rationale:

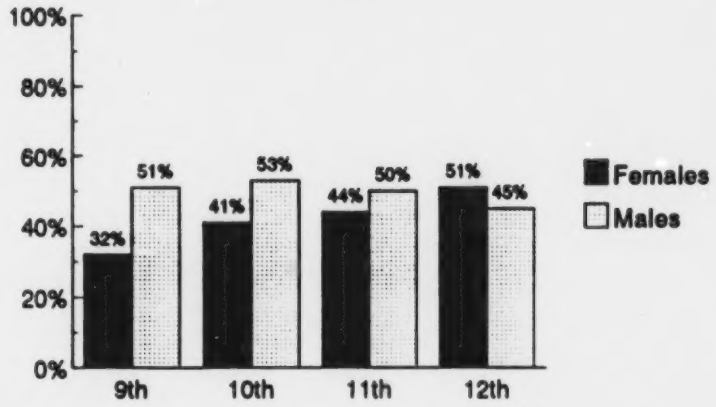
These questions measure the frequency of helmet use while riding motorcycles and bicycles. Head injury is the leading cause of death in motorcycle and bicycle crashes. [3] Unhelmeted motorcyclists are two times more likely to incur a fatal head injury and three times more likely to incur a nonfatal head injury than helmeted riders. [4] In addition, the risk of head injury for unhelmeted bicyclists is more than 6 1/2 times greater than for helmeted riders.[5]

Results: The results for Questions 7 - 10 are summarized on pages 15 - 16.

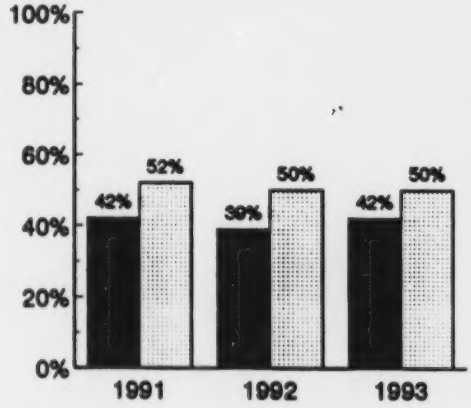
Question 7

Percentage of respondents who rode a motorcycle one or more times during the past 12 months = 46%

Responses by Grade



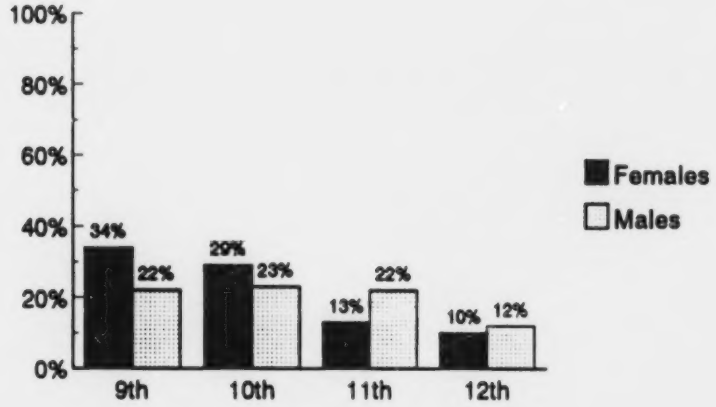
Responses by Year



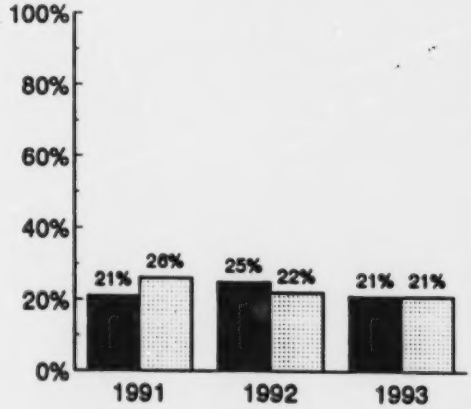
Question 8

Of the respondents who rode a motorcycle during the past twelve months, the percentage who always wore a motorcycle helmet = 21%

Responses by Grade



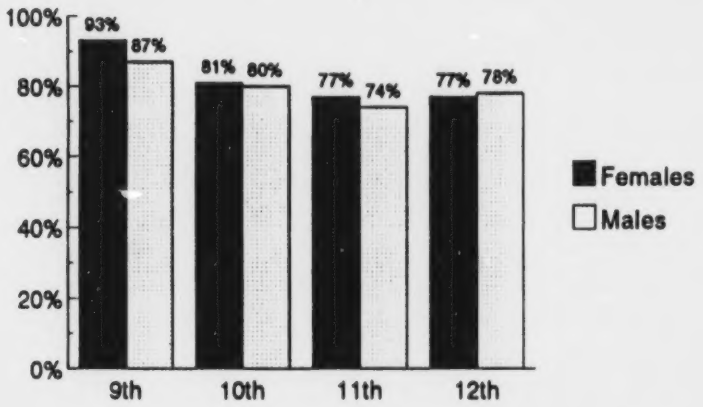
Responses by Year



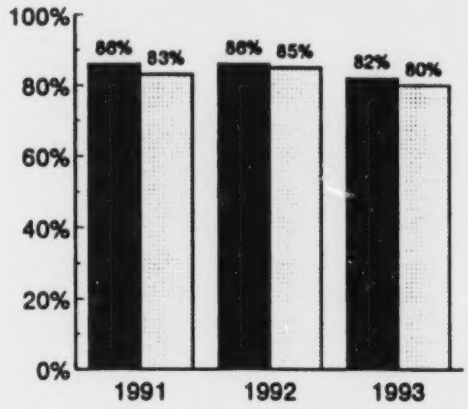
Question 9

Percentage of respondents who rode a bicycle one or more times during the past 12 months = 81%

Responses by Grade



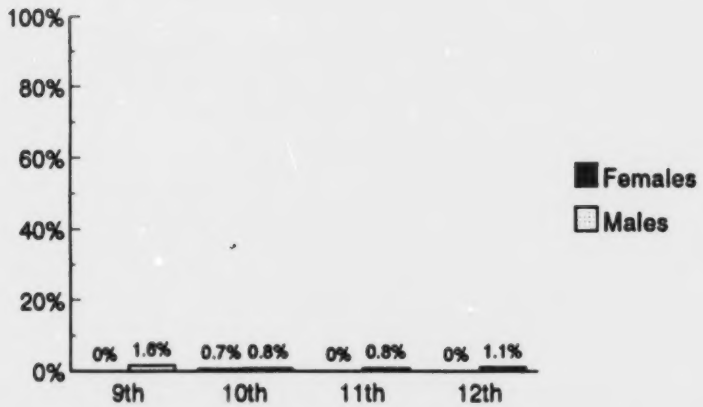
Responses by Year



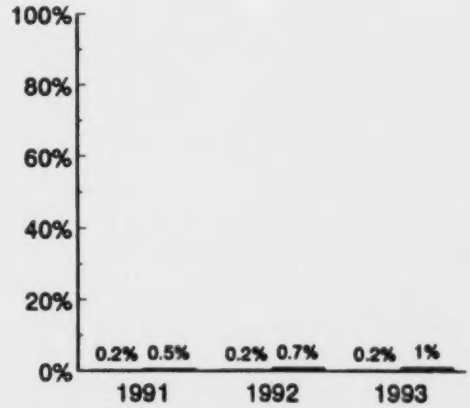
Question 10

Of respondents who rode a bicycle during the past 12 months, the percentage who always wore a bicycle helmet = 1%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Related National Health Objectives for the Year 2000:

Reduce deaths among people aged 15-24 caused by alcohol-related motor vehicle crashes to no more than 18 per 100,000 people.

Reduce deaths among youth aged 15-24 caused by motor vehicle crashes to no more than 33 per 100,000 people.

Questions:

11. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
12. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

Rationale:

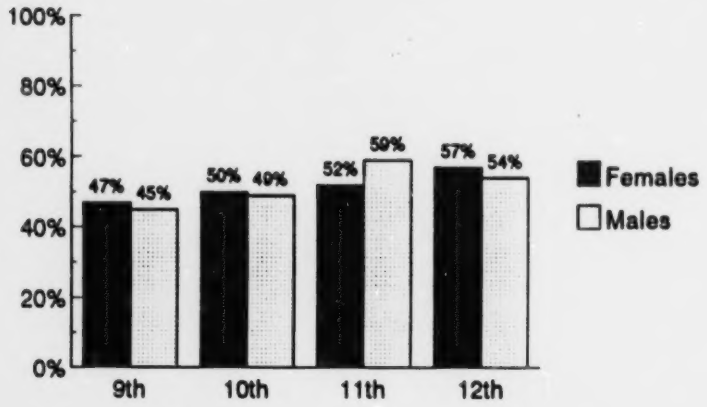
These questions measure the frequency with which students ride as a passenger or driver in a motor vehicle operated under the influence of alcohol or drugs. Motor vehicle crash injuries, more than half of which involve alcohol, [6] are the leading cause of death among youth aged 15-24 in the United States. [7] Alcohol-related traffic crashes cause serious injury and permanent disability and rank as the leading cause of spinal cord injury among adolescents and young adults. [8]

Results: The results for Questions 11 and 12 are summarized on page 18.

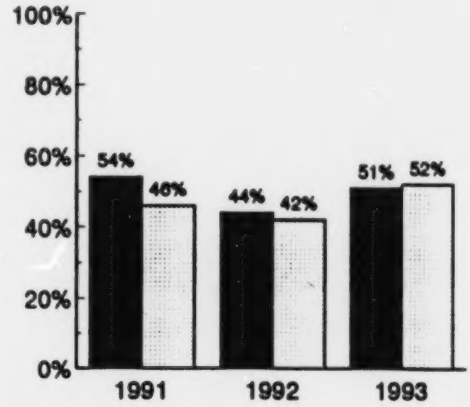
Question 11

Percentage of respondents who during the past 30 days rode one or more times in a car or other vehicle driven by someone who had been drinking alcohol = 51%

Responses by Grade



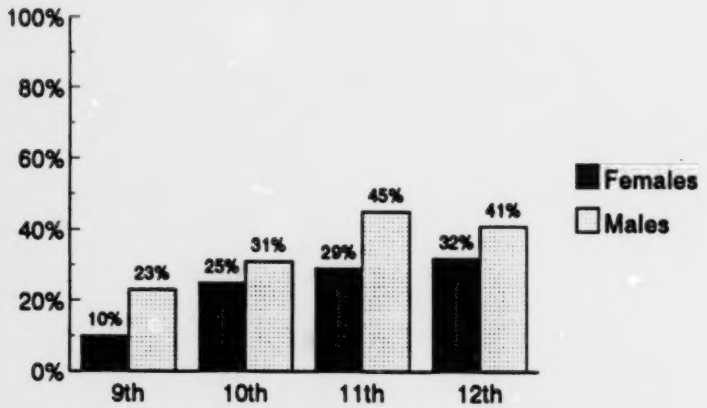
Responses by Year



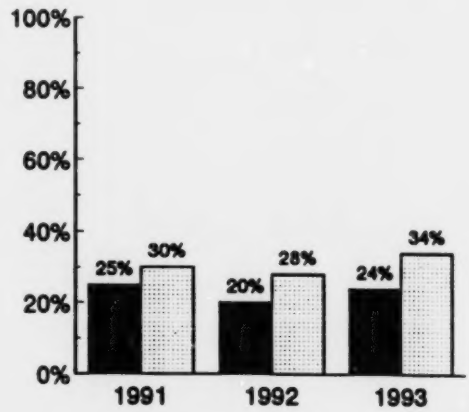
Question 12

Percentage of respondents who during the past 30 days drove a car or other vehicle one or more times when they had been drinking alcohol = 29%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Related National Health Objective for the Year 2000:

Reduce by 20% the incidence of weapon-carrying by adolescents aged 14-17.

Questions:

13. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
14. During the past 30 days, on how many days did you carry a gun?
15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
16. During the past 30 days, how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?
17. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?
18. During the past 12 months, how many times has someone stolen or deliberately damaged your property such as your car, clothing, or books on school property?

Rationale:

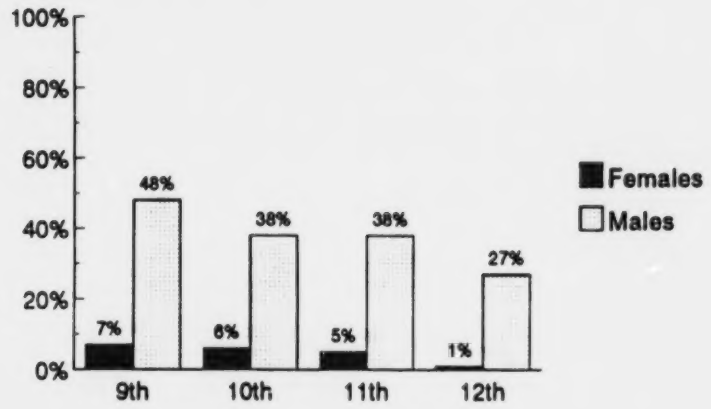
These questions measure violence-related behaviors. Approximately nine out of ten homicide victims in the United States are killed with a weapon of some type, such as a gun, knife, or club. Homicide is the leading killer of black adolescents and young adults.[8] During adolescence, homicide rates increase 15 times, from a negligible rate of 0.9 per 100,000 at age 10 to 13.9 per 100,000 by age 20.[9] The immediate accessibility of a firearm or other lethal weapon often is the factor that turns a violent altercation into a lethal event.[10] Firearm-related suicides, which tripled between 1950 and 1980, account for 60% of adolescent and young adult suicides.[8] Unintentional firearm-related fatalities also are a critical problem among children and young adults in the United States.[11]

Results: The results for Questions 13 - 18 are summarized on pages 20 through 22.

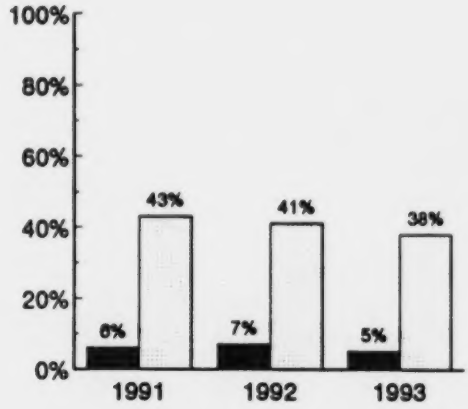
Question 13

Percentage of respondents who carried a weapon such as a gun, knife, or club on one or more of the past 30 days = 22%

Responses by Grade



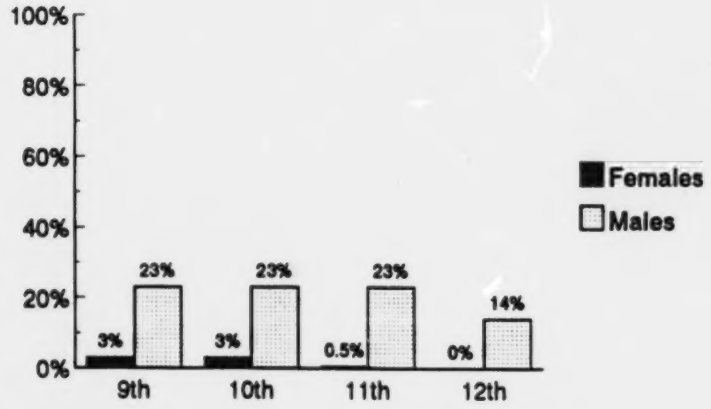
Responses by Year



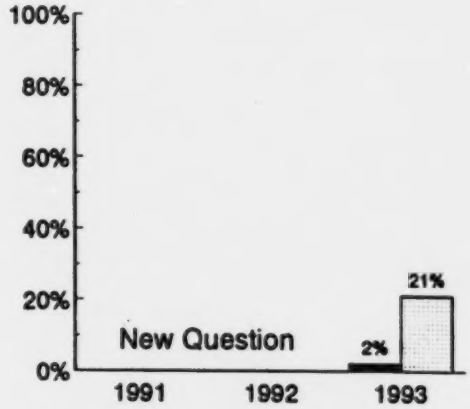
Question 14

Percentage of respondents who carried a gun on one or more of the past 30 days = 11%

Responses by Grade



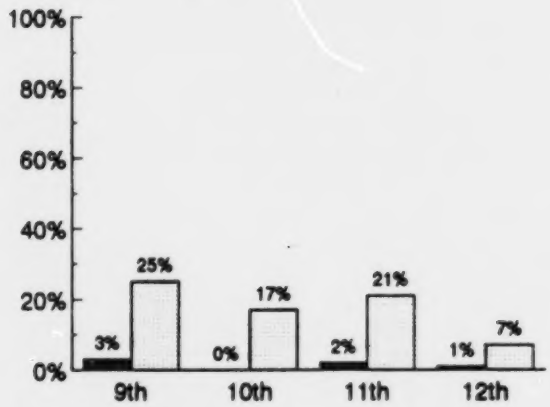
Responses by Year



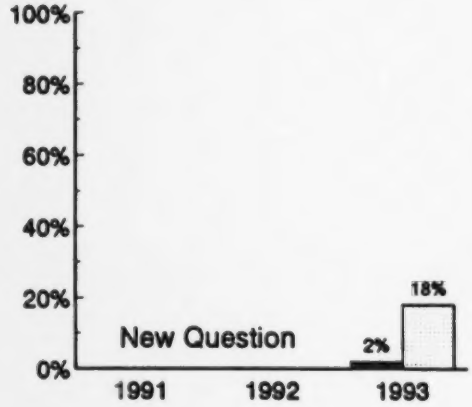
Question 15

Percentage of respondents who carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days = 10%

Responses by Grade



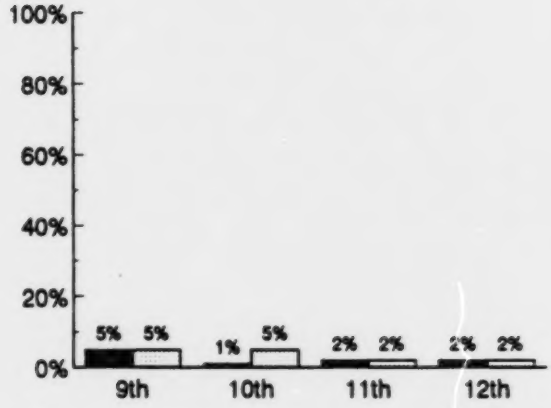
Responses by Year



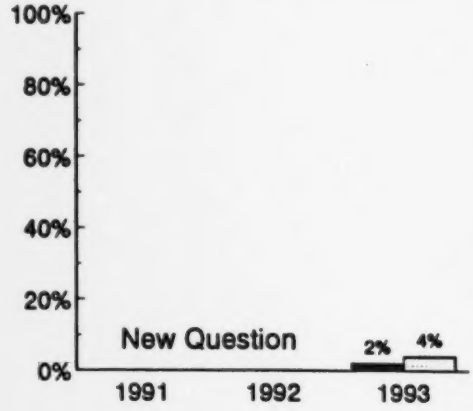
Question 16

Percentage of respondents who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school = 3%

Responses by Grade



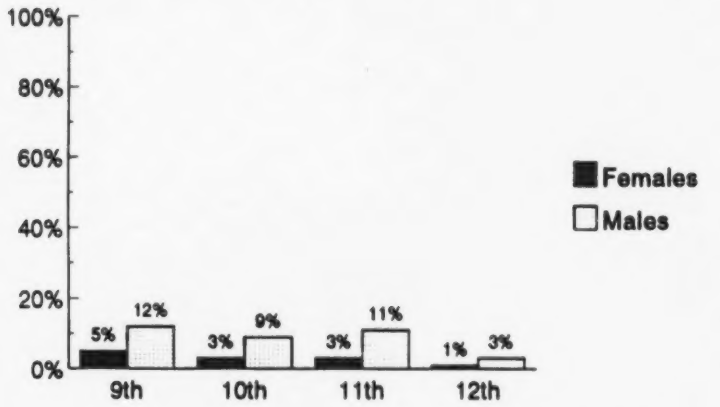
Responses by Year



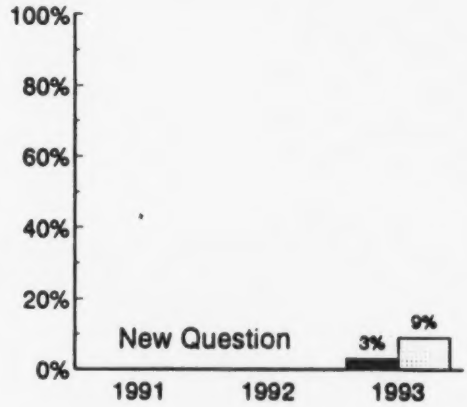
Question 17

Percentage of respondents who have been threatened or injured with a weapon such as a gun, knife, or club on school property one or more times during the past 12 months = 6%

Responses by Grade



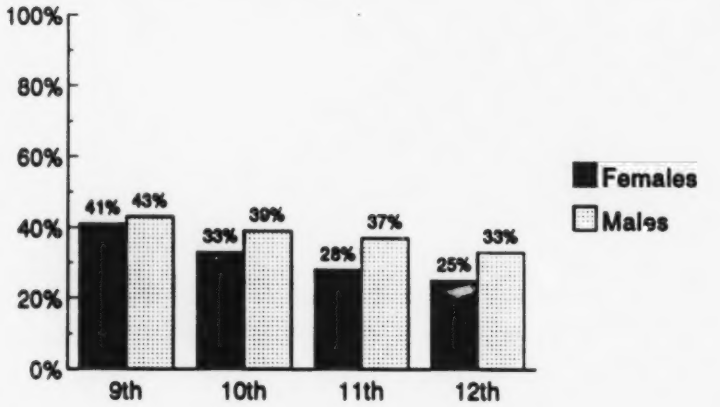
Responses by Year



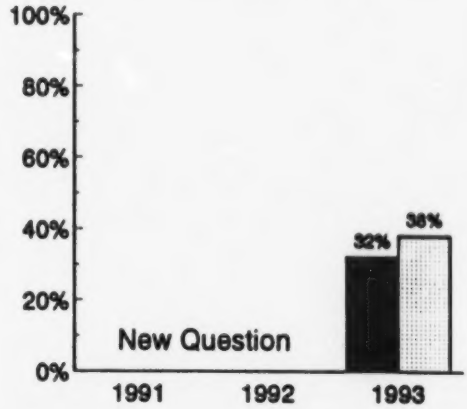
Question 18

Percentage of respondents who had property such as a car, clothing, or books, stolen or deliberately damaged on school property one or more times during the past 12 months=35%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Related National Health Objective for the year 2000:

Reduce by 20% the incidence of physical fighting among adolescents aged 14-17.

Questions:

19. During the past 12 months, how many times were you in a physical fight?
20. The **last time** you were in a physical fight, with whom did you fight?
21. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
22. During the past 12 months, how many times were you in a physical fight on school property?

Rationale:

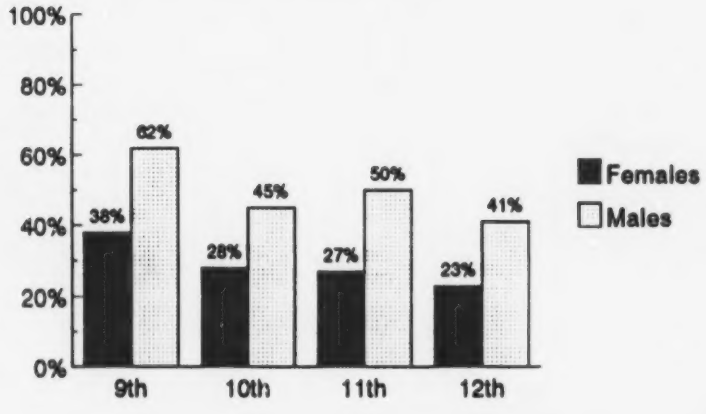
These questions measure the frequency and severity of physical fights and the persons with whom students fight. Homicide is the second leading cause of death among youth aged 15-24 and is the leading cause of death among black youth. [12] Nonfatal violence (i.e., fighting) often precedes fatal violence among young persons.[13]

Results: The results for Questions 19 - 22 are summarized on pages 24 - 25.

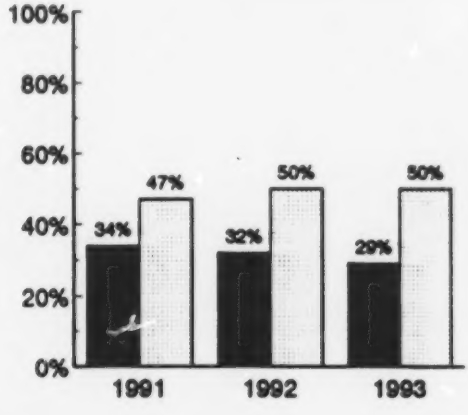
Question 19

Percentage of respondents who were in a physical fight one or more times during the past 12 months = 40%

Responses by Grade



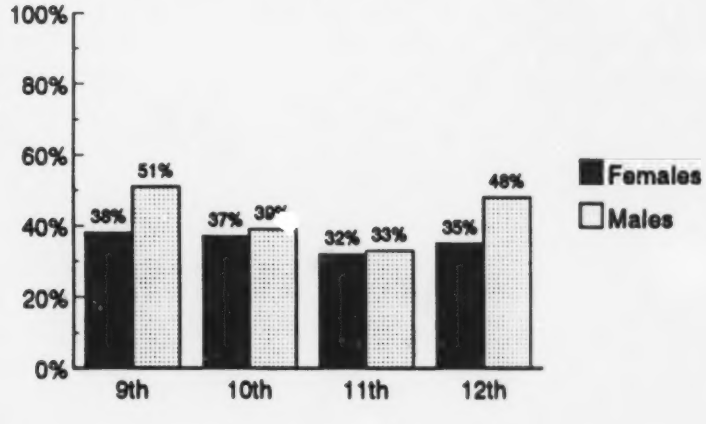
Responses by Year



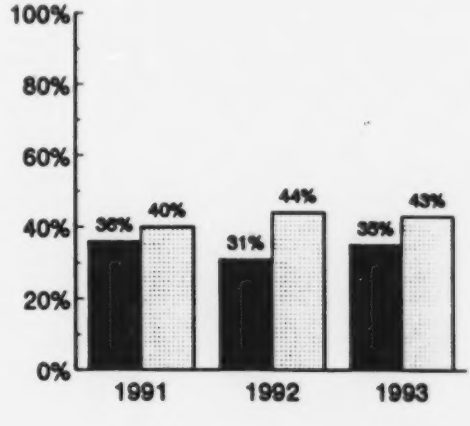
Question 20

Percentage of respondents who fought with a friend or someone they knew; a boyfriend, girlfriend, or date; or a parent, brother, sister, or other family member the last time they were in a physical fight = 39%

Responses by Grade



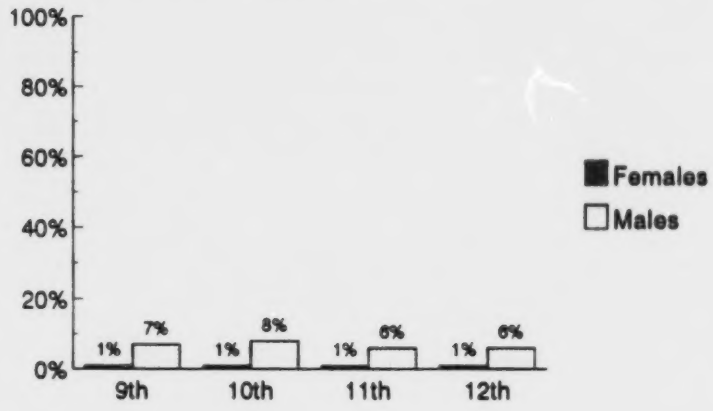
Responses by Year



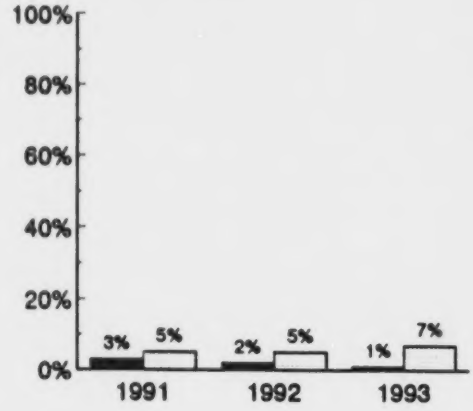
Question 21

Percentage of respondents who were injured in a physical fight and had to be treated by a doctor or nurse one or more times during the past 12 months = 4%

Responses by Grade



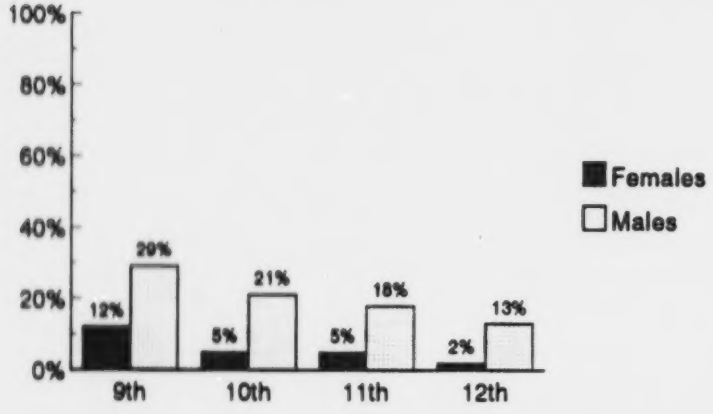
Responses by Year



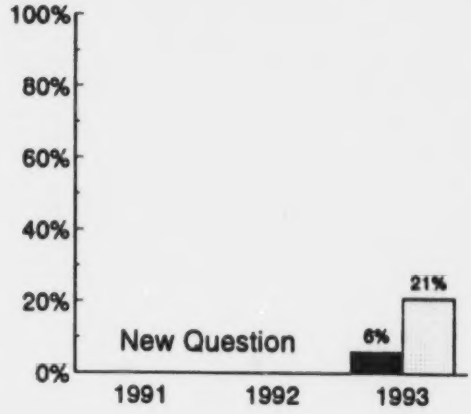
Question 22

Percentage of respondents who were in a physical fight on school property one or more times during the past 12 months = 14%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Related National Health Objective for the year 2000:

Reduce drowning deaths to no more than 1.3 per 100,000 people.

Question:

23. During the past 12 months, when you went swimming in places such as a pool, lake, or ocean, how often was an adult or a lifeguard watching you?

Rationale:

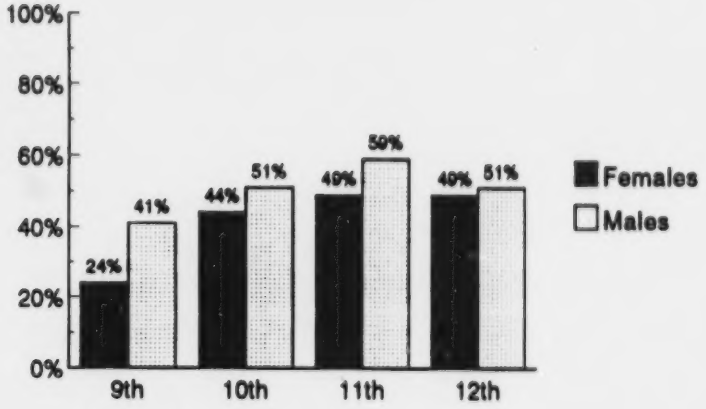
This question measures unsupervised swimming which may lead to drowning. Drowning is the third leading cause of injury deaths, with drowning rates highest for children less than 5 years of age and young adults aged 15-24.[14]

Results:

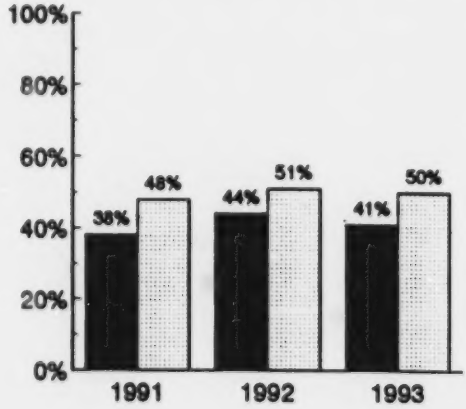
Question 23

Percentage of respondents who never or rarely had adult or lifeguard supervision when swimming in places such as a pool, lake, or ocean during the past 12 months = 45%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Related National Health Objective for the Year 2000:

Reduce by 15% the incidence of injurious suicide attempts among adolescents aged 14-17.

Questions:

24. During the past 12 months, did you ever seriously consider attempting suicide?
25. During the past 12 months, did you make a plan about how you would attempt suicide?
26. During the past 12 months, how many times did you actually attempt suicide?
27. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

Rationale:

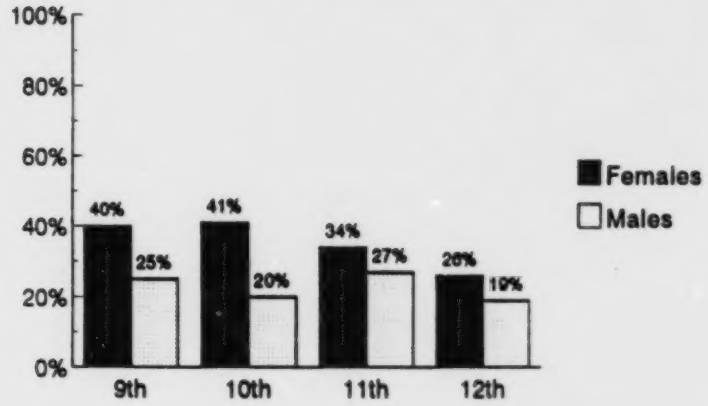
These questions measure attempted suicides and the seriousness of those attempts. Suicide is the third leading cause of death among youth aged 15-24 and the second leading cause of death among white males aged 15-24. [12] The suicide rate for persons aged 15-24 has tripled since 1950.[6]

Results: The results for Questions 24 - 27 are summarized on pages 28 - 29.

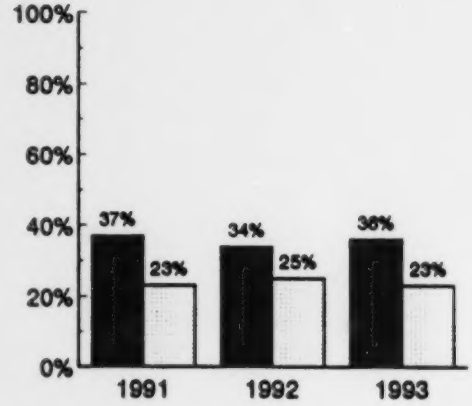
Question 24

Percentage of respondents who ever seriously considered attempting suicide during the past 12 months = 29%

Responses by Grade



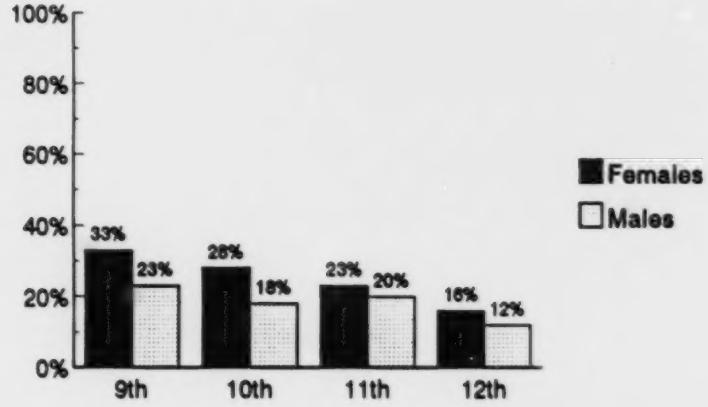
Responses by Year



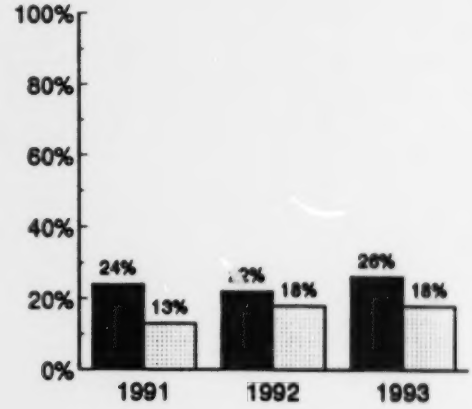
Question 25

Percentage of respondents who made a plan about how they would attempt suicide during the past 12 months = 22%

Responses by Grade



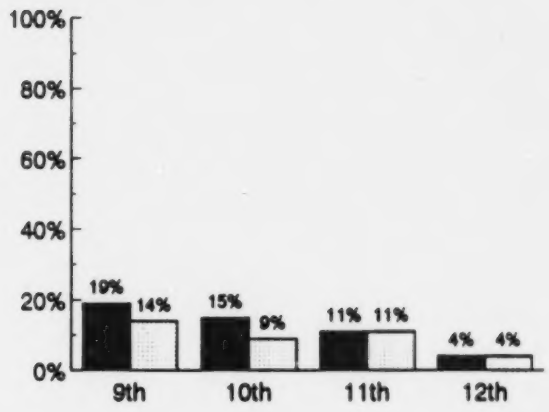
Responses by Year



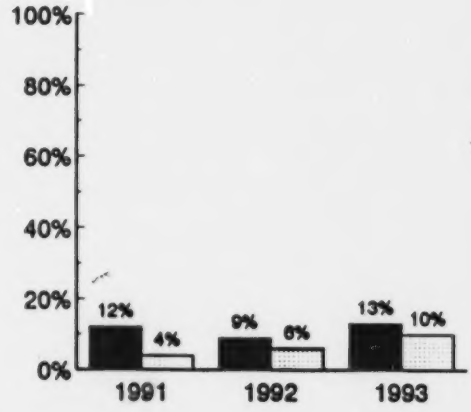
Question 26

Percentage of respondents who actually attempted suicide one or more times during the past 12 months = 11%

Responses by Grade



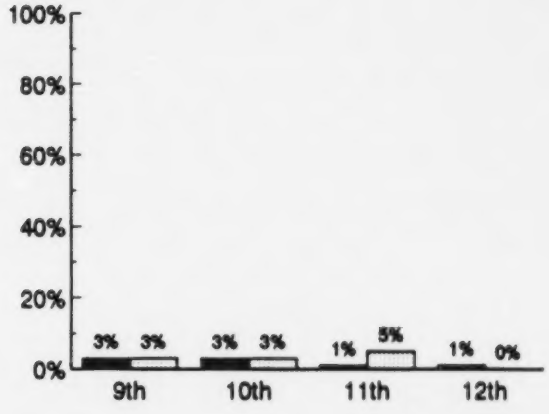
Responses by Year



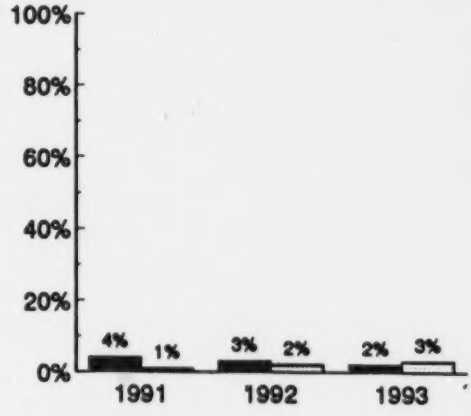
Question 27

Percentage of respondents who attempted suicide resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months = 3%

Responses by Grade



Responses by Year



Tobacco Use

Related National Health Objectives for the Year 2000:

Reduce the initiation of cigarette smoking by children and youth so that no more than 15% have become regular cigarette smokers by age 20.

Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents aged 12-17.

Questions:

28. Have you ever tried cigarette smoking, even one or two puffs?
29. How old were you when you smoked a whole cigarette for the first time?
30. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?
31. How old were you when you first started smoking regularly? (at least one cigarette every day for 30 days)
32. During the past 30 days, on how many days did you smoke cigarettes?
33. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?
34. During the past 30 days, on how many days did you smoke cigarettes on school property?
35. During the **past 6 months**, did you **try to quit** smoking cigarettes?

Rationale:

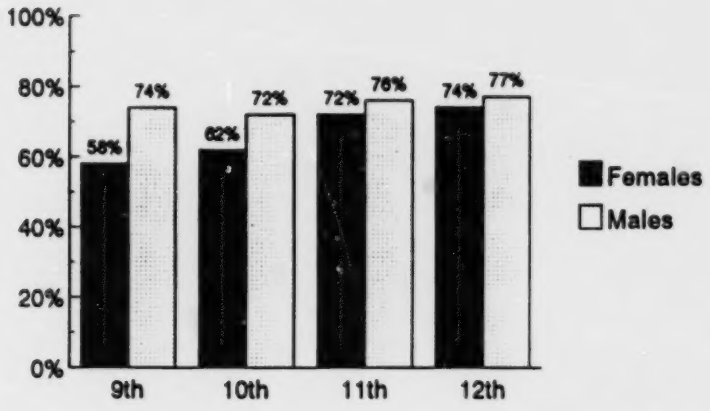
These questions measure smoking experimentation, current smoking patterns, age of initiation, and attempts at quitting. Tobacco use is the single most important preventable cause of death in the United States,[15] accounting for more than one of every five deaths.[16,17] Smoking causes heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease. If 29% of the 70 million children now living in the United States smoke cigarettes as adults, then at least 5 million of them will die of smoking-related diseases.[18] In addition, smoking is related to poor academic performance and the use of alcohol and other drugs.[19] Over one million teenagers begin smoking each year.[6]

Results: The results for Questions 28 - 35 are summarized on pages 31 - 34.

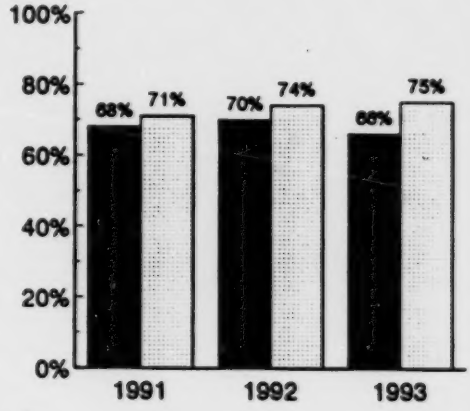
Question 28

Percentage of respondents who ever tried cigarette smoking, even one or two puffs = 71%

Responses by Grade



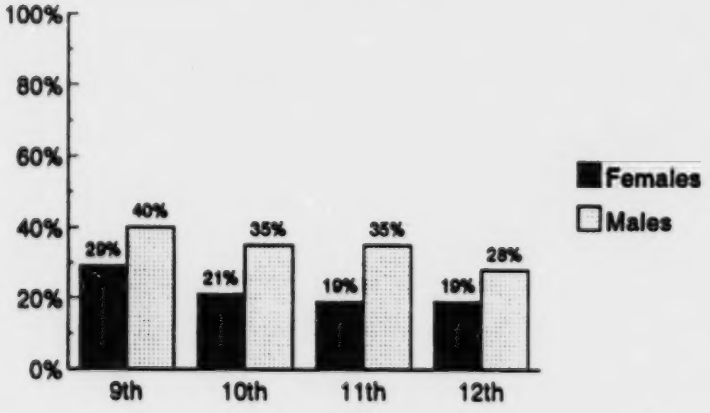
Responses by Year



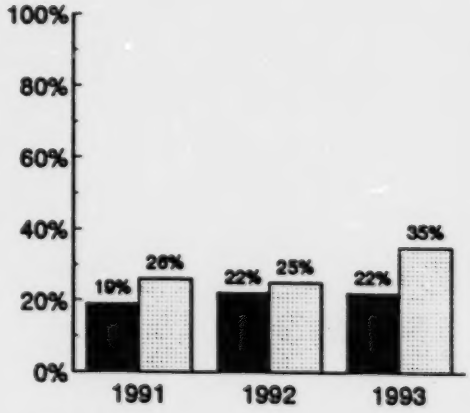
Question 29

Percentage of respondents who smoked a whole cigarette for the first time prior to age 13 = 29%

Responses by Grade



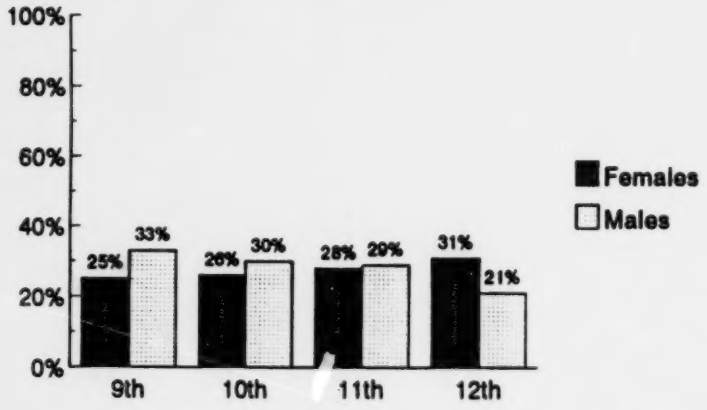
Responses by Year



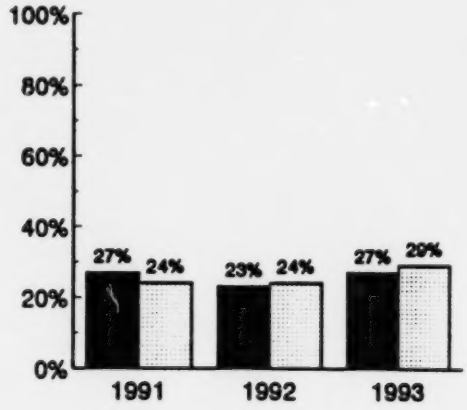
Question 30

Percentage of respondents who ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days = 28%

Responses by Grade



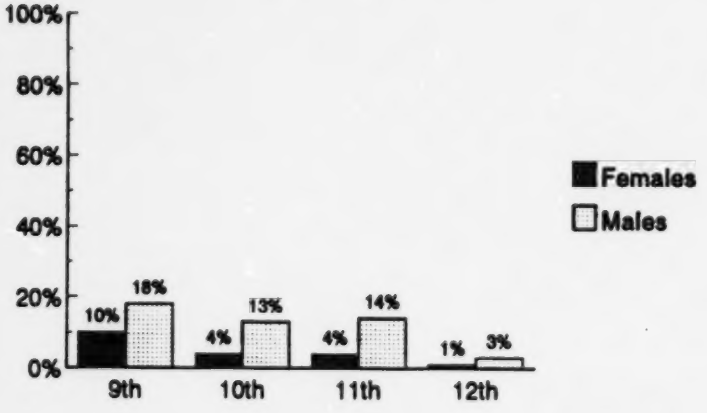
Responses by Year



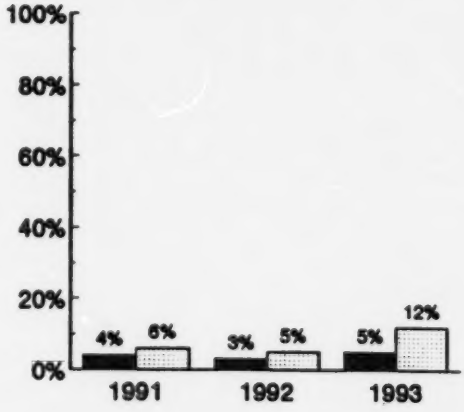
Question 31

Percentage of respondents who started smoking cigarettes regularly (at least one cigarette every day for 30 days) prior to age 13 = 9%

Responses by Grade



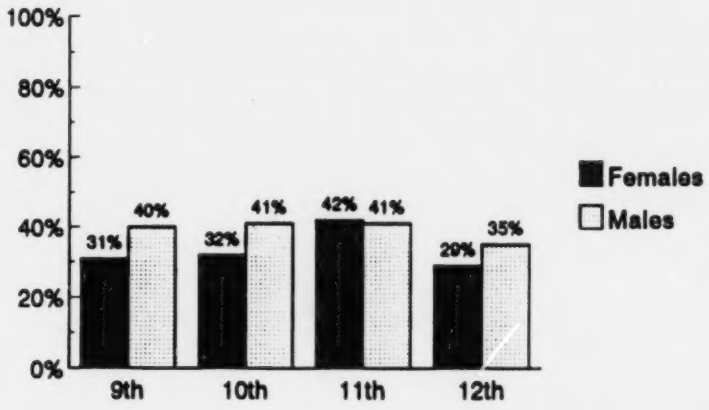
Responses by Year



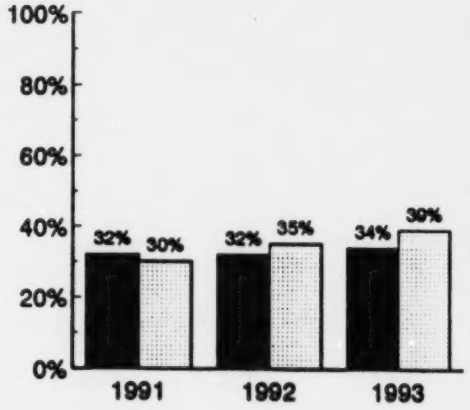
Question 32

Percentage of respondents who smoked cigarettes on one or more of the past 30 days = 37%

Responses by Grade



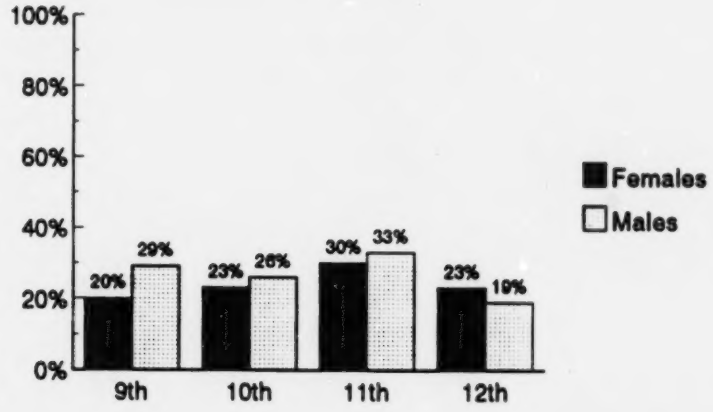
Responses by Year



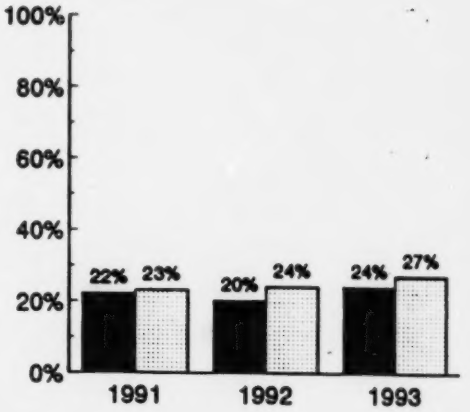
Question 33

Percentage of respondents who smoked 2 or more cigarettes per day on the days they smoked = 26%

Responses by Grade



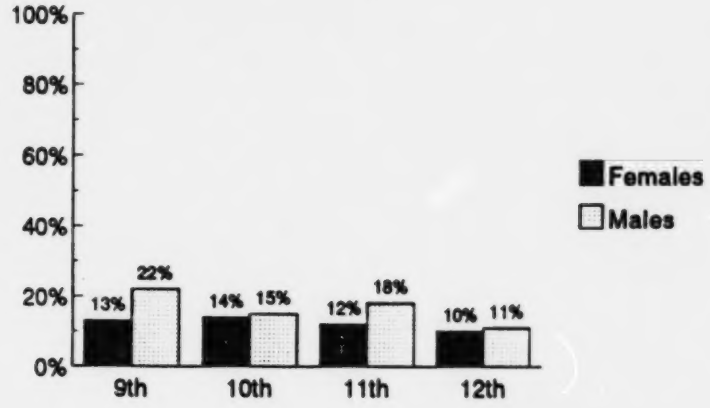
Responses by Year



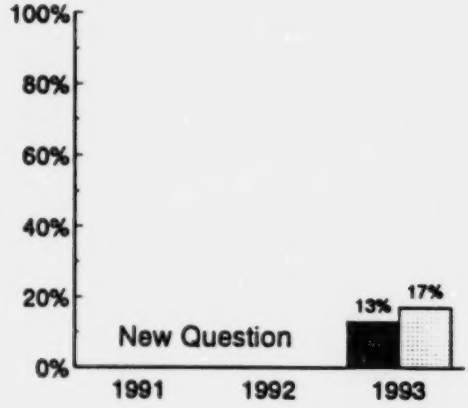
Question 34

Percentage of respondents who smoked cigarettes on school property on one or more of the past 30 days = 15%

Responses by Grade



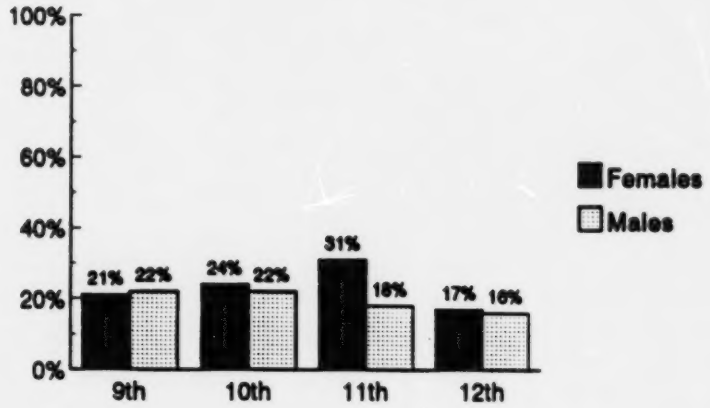
Responses by Year



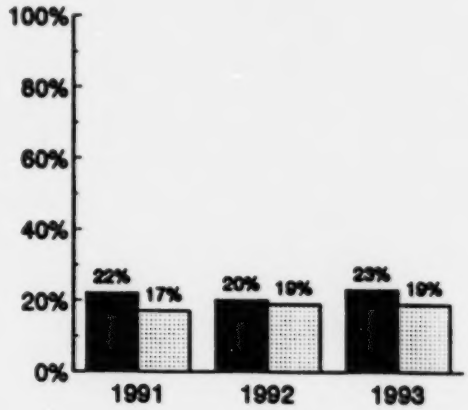
Question 35

Percentage of respondents who tried to quit smoking cigarettes during the past 6 months = 21%

Responses by Grade



Responses by Year



Tobacco Use

Related National Health Objective for the Year 2000:

Reduce smokeless tobacco use by males ages 12-24 to a prevalence of no more than 4%.

Questions:

36. During the past 30 days, did you use **chewing tobacco**, such as Redman, Levi Garrett, or Beechnut, or **snuff**, such as Skoal Bandits, or Copenhagen?

37. During the past 30 days, did you use **chewing tobacco**, such as Redman, Levi Garrett, or Beechnut, or **snuff**, such as Skoal Bandits, or Copenhagen on school property?

Rationale:

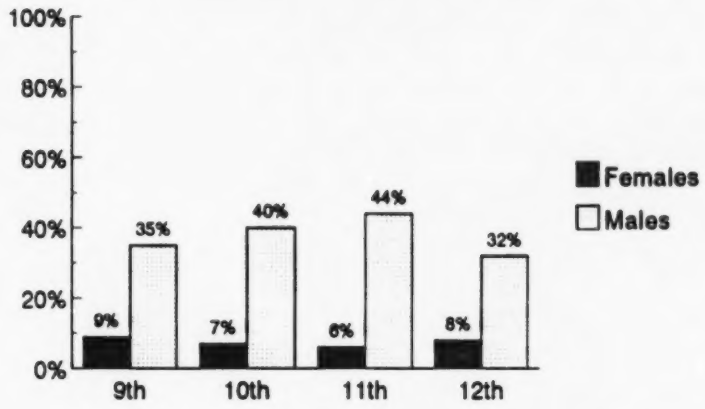
This question measures smokeless tobacco use. Oral cancer occurs more frequently among smokeless tobacco users than nonusers and may be 50 times as frequent among long-term snuff users. Smokeless tobacco can lead to the development of oral leukoplakia and gingival recession and can cause addiction to nicotine. [20] Between 1970 and 1986, the prevalence of snuff use increased 15 times and chewing tobacco use increased four times among men aged 17-19.[18]

Results: The results for Questions 36 and 37 are summarized on page 36.

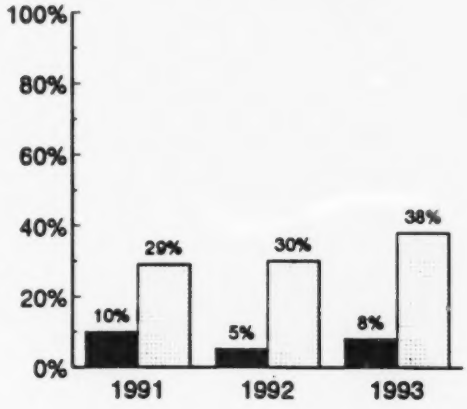
Question 36

Percentage of respondents who used chewing tobacco such as Redman, Levi Garrett, or Beechnut; or snuff, such as Skoal, Skoal Bandits, or Copenhagen, during the past 30 days = 23%

Responses by Grade



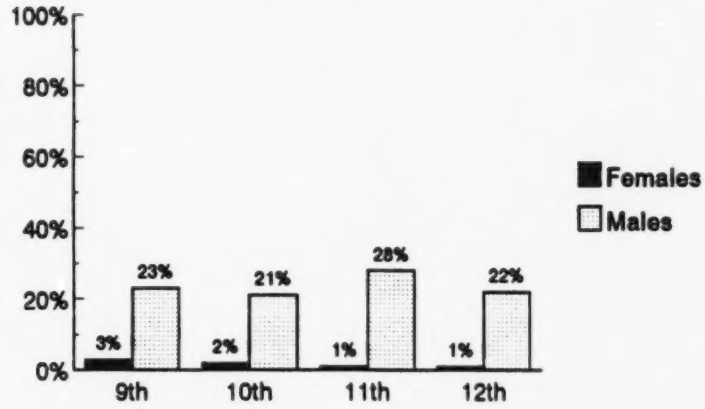
Responses by Year



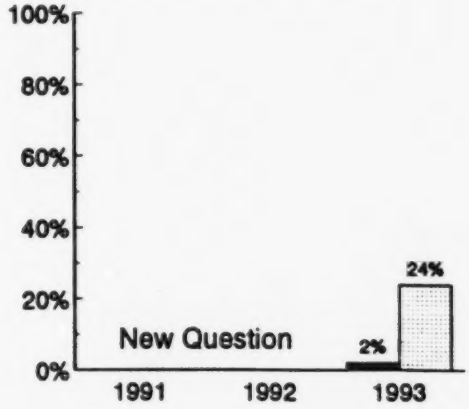
Question 37

Percentage of respondents who used chewing tobacco such as Redman, Levi Garrett, or Beechnut; or snuff, such as Skoal, Skoal Bandits, or Copenhagen, on school property during the past 30 days = 13%

Responses by Grade



Responses by Year



Alcohol and Other Drug Use

Related National Health Objectives for the Year 2000:

Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents ages 12-17.

Reduce the proportion of young people who have used alcohol, marijuana, and cocaine in the past month as follows: 12.6% of youth aged 12-17 and 29% of youth aged 18-20 (alcohol use); 3.2% of youth aged 12-17 and 7.8% of youth aged 18-25 (marijuana use); and 0.6% of youth aged 12-17 and 2.3% of youth aged 18-25 (cocaine use).

Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28% of high school seniors and 32% of college students.

Reduce alcohol consumption by people aged 14 and older to an annual average of no more than 2 gallons of ethanol per person.

Questions:

38. How old were you when you had your first drink of alcohol other than a few sips?

39. During your life, on how many days have you had at least one drink of alcohol?

40. During the past 30 days, on how many days did you have at least one drink of alcohol?

41. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

42. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?

Rationale:

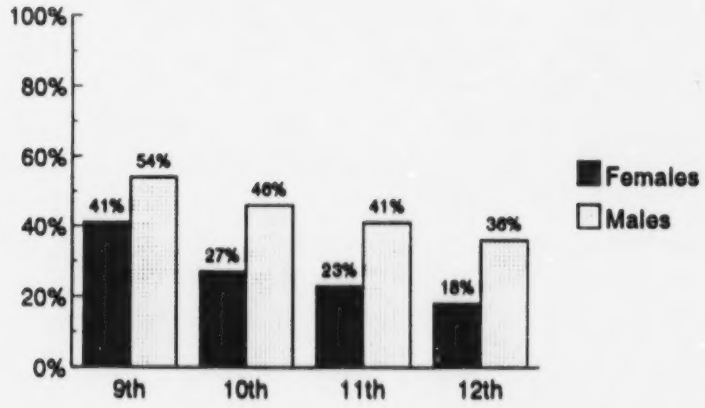
These questions measure frequency of alcohol use, age of initiation of drinking, and heavy drinking. Alcohol is a major contributing factor in approximately half of all homicides, suicides, and motor vehicle crashes,[21] which are the leading causes of death and disability among young people.[6] Heavy drinking among youth has been linked conclusively to physical fights, destroyed property, academic and job problems, and trouble with law enforcement authorities.[22] Approximately 100,000 American deaths per year are attributable to misuse of alcohol.[6]

Results: The results for Questions 38 - 42 are summarized on pages 38 - 40.

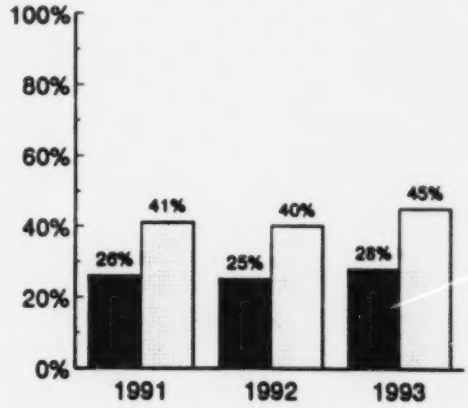
Question 38

Percentage of respondents who had their first drink of alcohol other than a few sips prior to age 13 = 36%

Responses by Grade



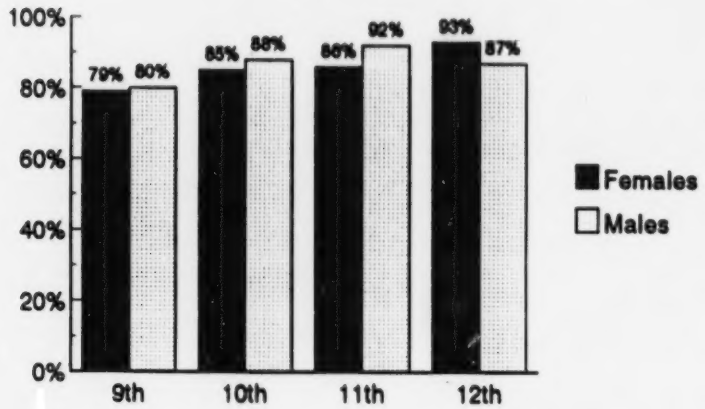
Responses by Year



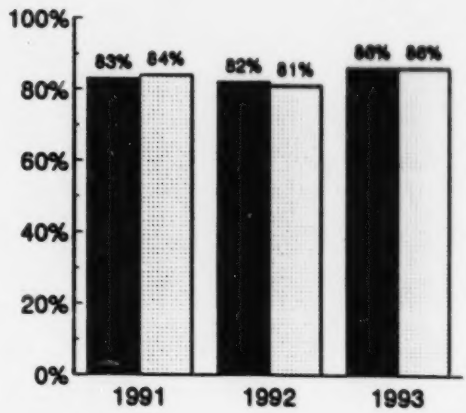
Question 39

Percentage of respondents who had at least one drink of alcohol on one or more days during their life = 86%

Responses by Grade



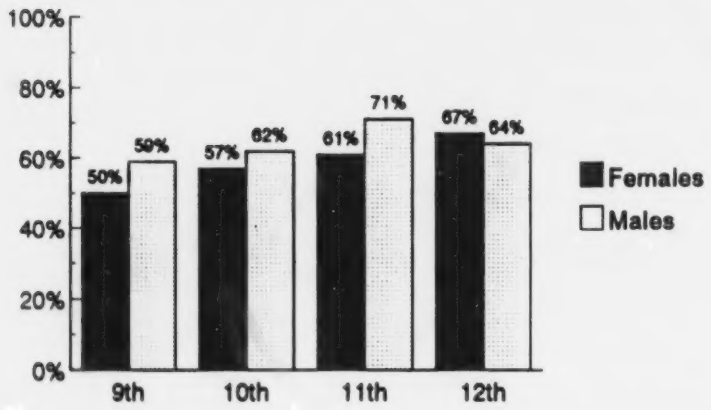
Responses by Year



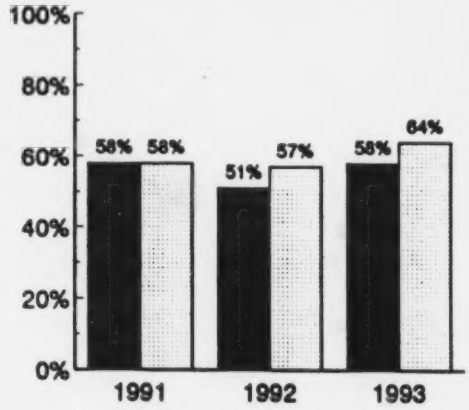
Question 40

Percentage of respondents who had at least one drink of alcohol on one or more of the past 30 days = 61%

Responses by Grade



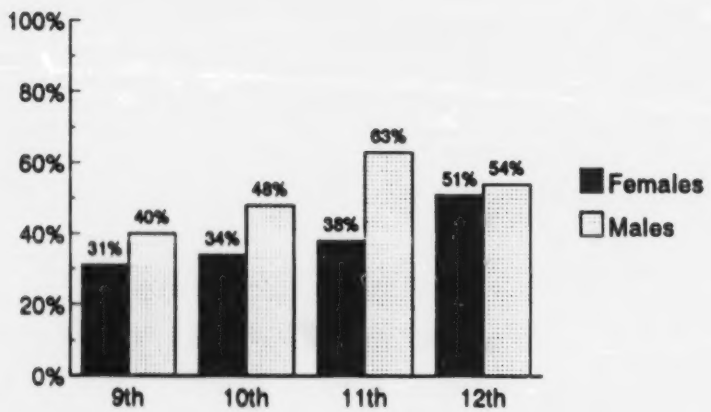
Responses by Year



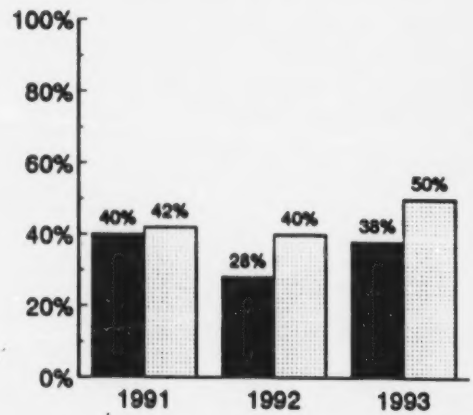
Question 41

Percentage of respondents who had 5 or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days = 44%

Responses by Grade



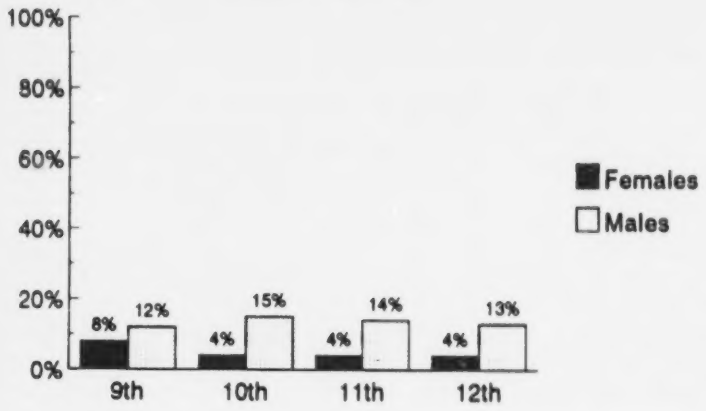
Responses by Year



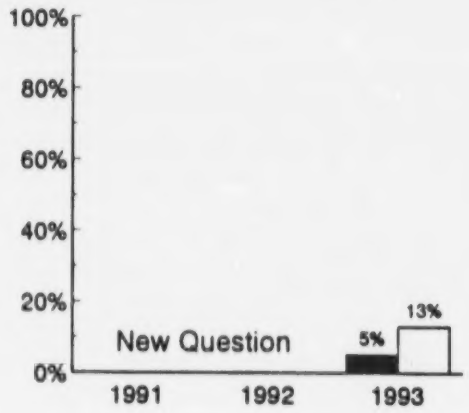
Question 42

Percentage of respondents who had at least one drink of alcohol on school property on one or more of the past 30 days = 9%

Responses by Grade



Responses by Year



Alcohol and Other Drug Use

Related National Health Objectives for the Year 2000:

Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents ages 12-17.

Reduce the proportion of young people who have used alcohol, marijuana, and cocaine in the past month as follows: 12.6% of youth aged 12-17 and 29% of youth aged 18-20 (alcohol use); 3.2% of youth aged 12-17 and 7.8% of youth aged 18-25 (marijuana use); and 0.6% of youth aged 12-17 and 2.3% of youth aged 18-25 (cocaine use).

Reduce to no more than 3% the proportion of male high school seniors who use anabolic steroids.

Questions:

43. How old were you when you tried marijuana for the first time?
44. During your life, how many times have you used marijuana?
45. During the past 30 days, how many times did you use marijuana?
46. During the past 30 days, how many times did you use marijuana on school property?
47. How old were you when you tried **any** form of cocaine, including powder, crack, or freebase, for the first time?
48. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
49. During the past 30 days, how many times did you use **any** form of cocaine, including powder, crack, or freebase?
50. During your life, how many times have you used the **crack** or **freebase** forms of cocaine?
51. During your life, how many times have you used any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription?
52. During your life, how many times have you taken **steroid** pills or shots **without** a doctor's prescription?
53. During your life, have you ever injected (shot up) any illegal drug?
54. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

55. How old were you when you inhaled (sniffed or huffed) glue, gas, sprays from cans, or anything like that, for the first time (not including cocaine)?

56. During your life, how many times have you inhaled (sniffed or huffed) glue, gas, sprays from cans, or anything like that (not including cocaine)?

57. During the past twelve months, how many times have you inhaled (sniffed or huffed) glue, gas, sprays from cans, or anything like that (not including cocaine)?

58. During the past 30 days, how many times have you inhaled (sniffed or huffed) glue, gas, sprays from cans, or anything like that (not including cocaine)?

Rationale:

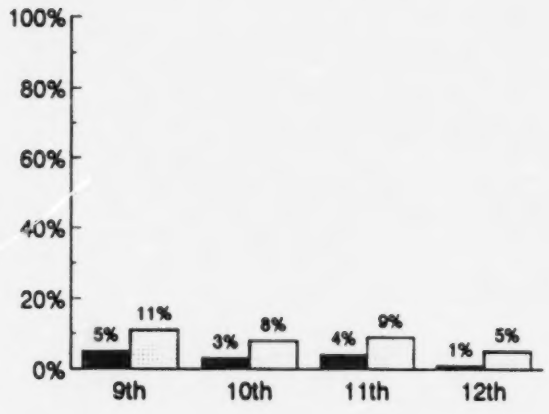
These questions measure the frequency and age of initiation of marijuana and cocaine use. Lifetime use of crack cocaine, steroids, other illegal drugs, and injected drugs also is measured. In addition to morbidity and mortality due to injury, drug abuse is related to early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases (STD), including human immunodeficiency virus (HIV) infection.[2] One in four American adolescents is estimated to be at very high risk for the consequences of alcohol and other drug problems. [23] Despite improvements in recent years, illicit drug use is greater among high school students and other young adults in America than in any other industrialized nation in the world.[24]

Results: The results for Questions 43 - 58 are summarized on pages 43 - 50.

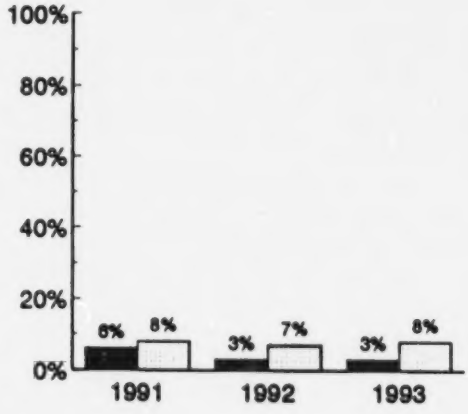
Question 43

Percentage of respondents who tried marijuana for the first time prior to age 13 = 6%

Responses by Grade



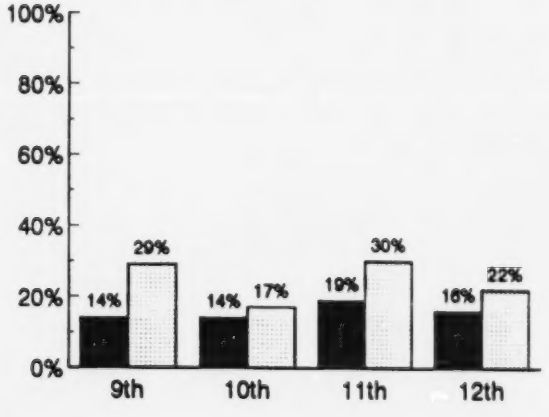
Responses by Year



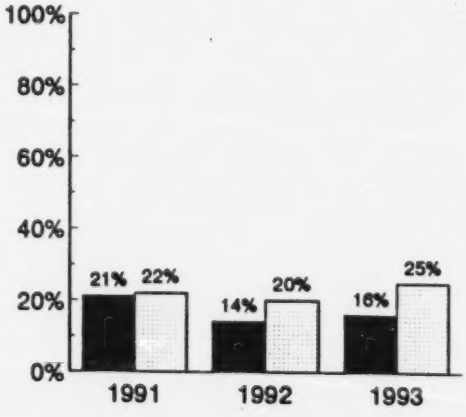
Question 44

Percentage of respondents who used marijuana one or more times during their life = 20%

Responses by Grade



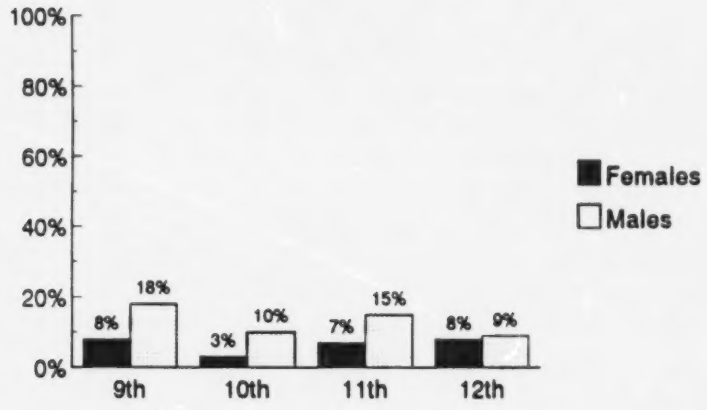
Responses by Year



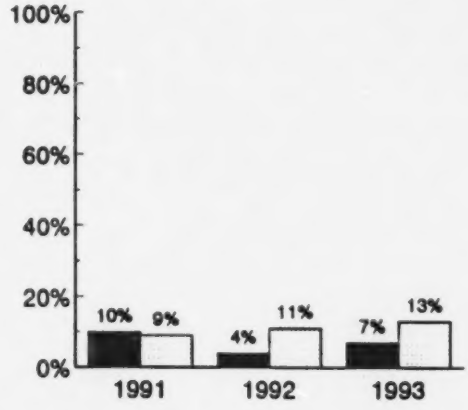
Question 45

Percentage of respondents who used marijuana one or more times during the past 30 days = 10%

Responses by Grade



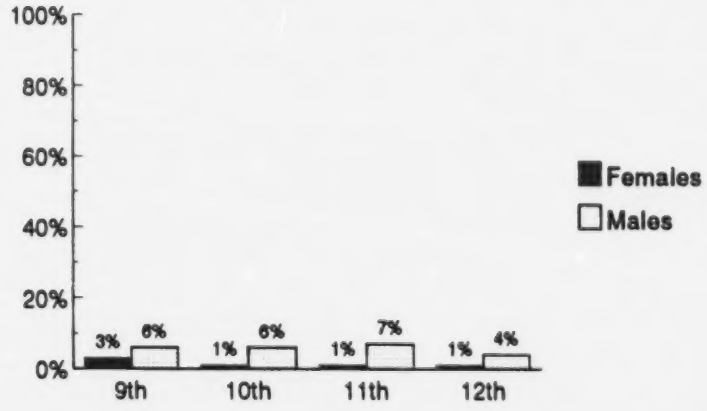
Responses by Year



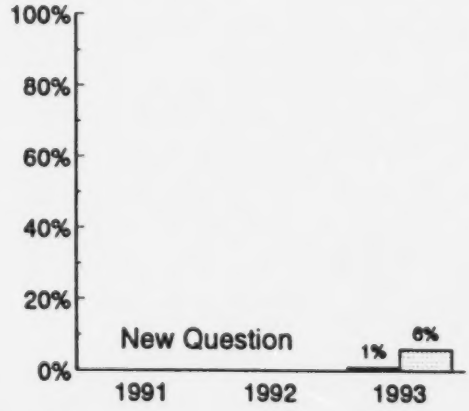
Question 46

Percentage of respondents who used marijuana on school property one or more times during the past 30 days = 4%

Responses by Grade



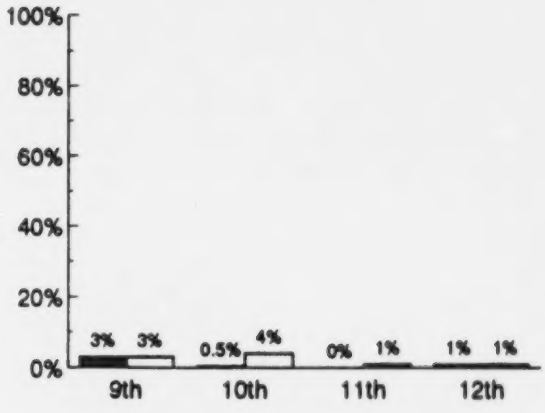
Responses by Year



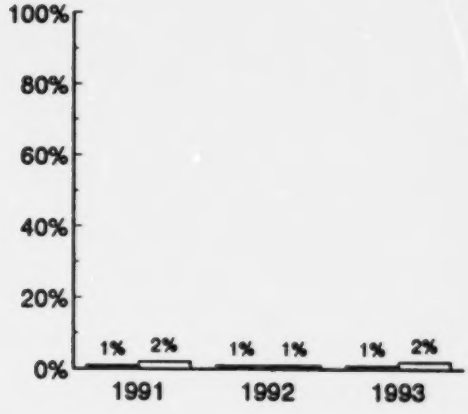
Question 47

Percentage of respondents who tried any form of cocaine including powder, crack, or freebase, for the first time prior to age 13 = 2%

Responses by Grade



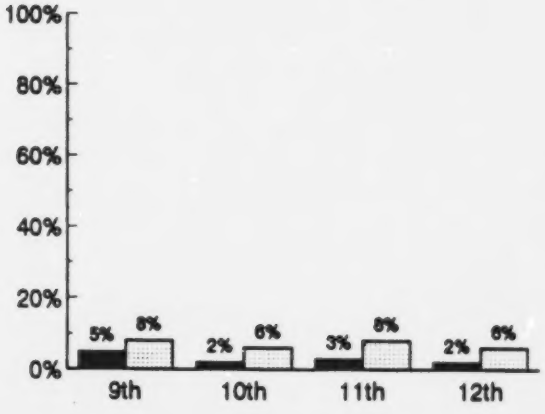
Responses by Year



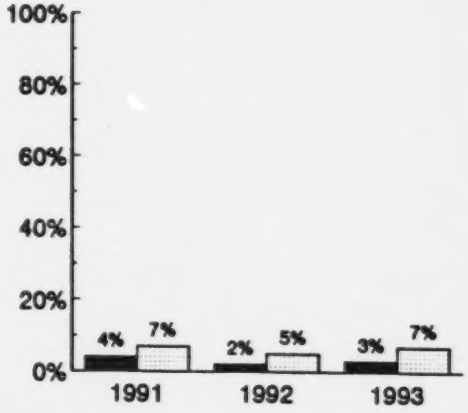
Question 48

Percentage of respondents who used any form of cocaine, including powder, crack, or freebase, one or more times during their life = 5%

Responses by Grade



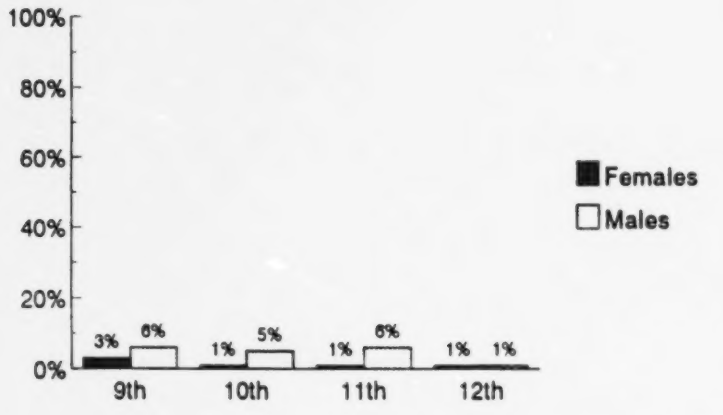
Responses by Year



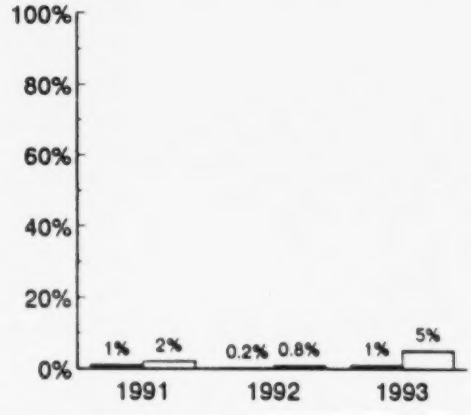
Question 49

Percentage of respondents who had used any form of cocaine including powder, crack, or freebase, one or more times during the past 30 days = 3%

Responses by Grade



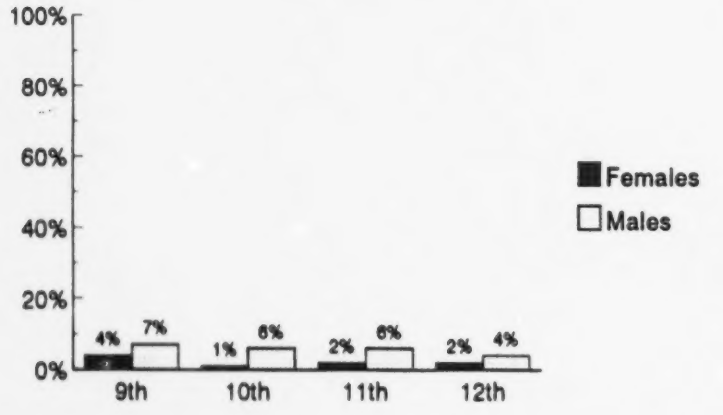
Responses by Year



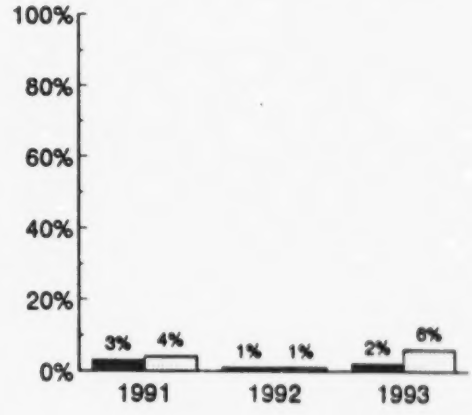
Question 50

Percentage of respondents who had used the crack or freebase forms of cocaine one or more times during their life = 4%

Responses by Grade



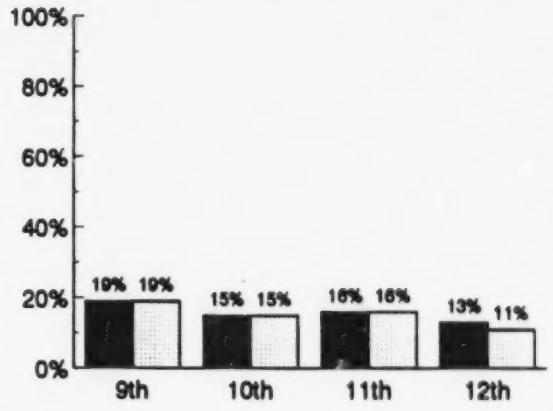
Responses by Year



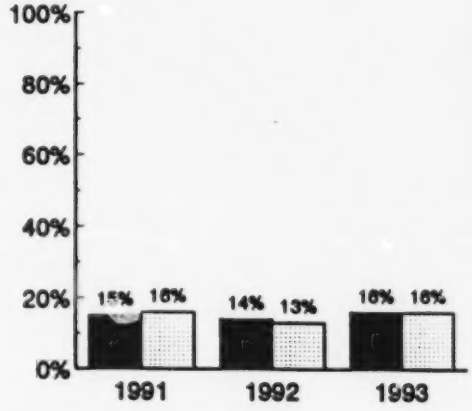
Question 51

Percentage of respondents who used any other type of illegal drug, such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription, one or more times during their life = 16%

Responses by Grade



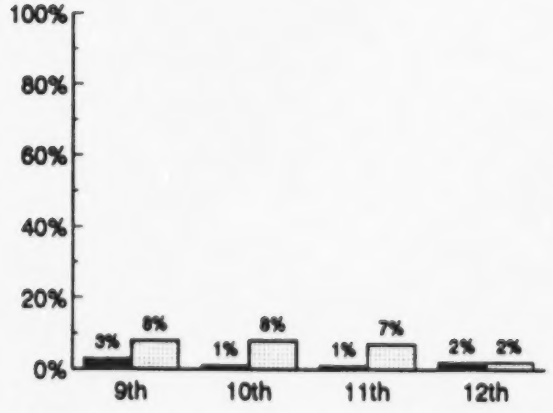
Responses by Year



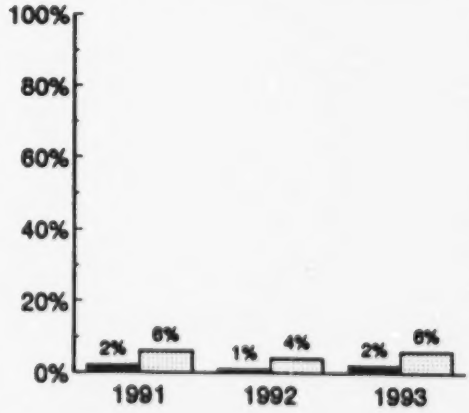
Question 52

Percentage of respondents who had taken steroid pills or shots without a doctor's prescription, one or more times during their life = 4%

Responses by Grade



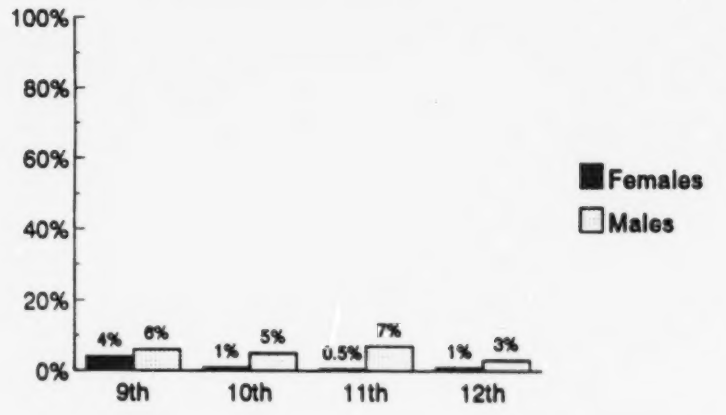
Responses by Year



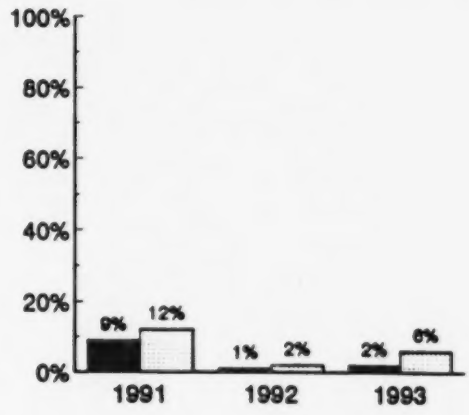
Question 53

Percentage of respondents who ever injected (shot up) any illegal drug during their life = 4%

Responses by Grade



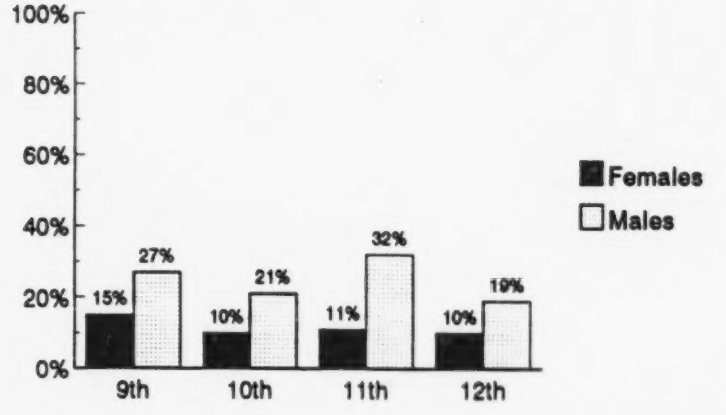
Responses by Year



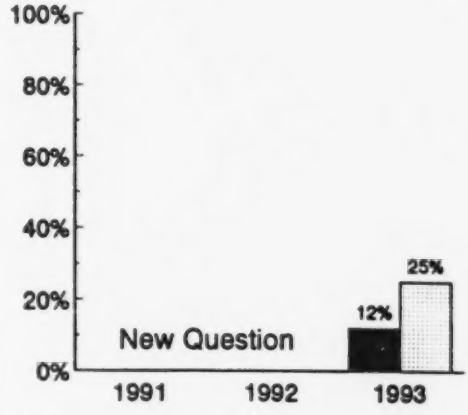
Question 54

Percentage of respondents who have had someone offer, sell, or give them an illegal drug on school property during the past 12 months = 18%

Responses by Grade



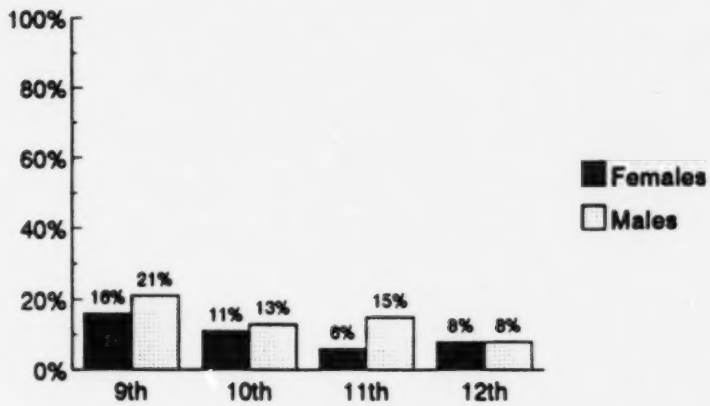
Responses by Year



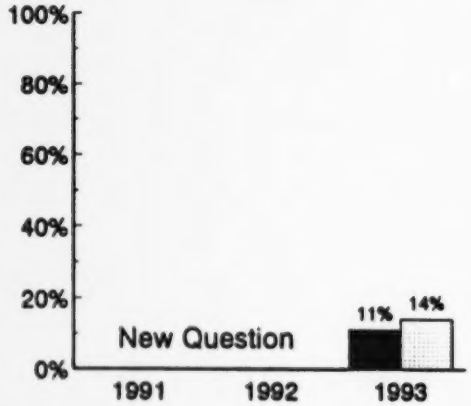
Question 55

Percentage of respondents who inhaled (sniffed or huffed) glue, gas, sprays from cans, or anything like that (not including cocaine) prior to age 13 = 13%

Responses by Grade



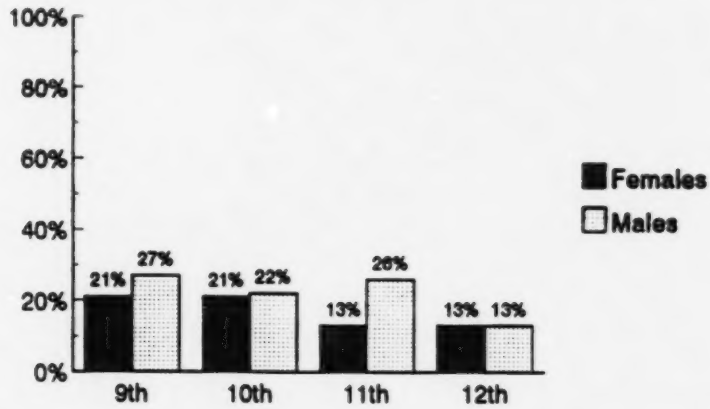
Responses by Year



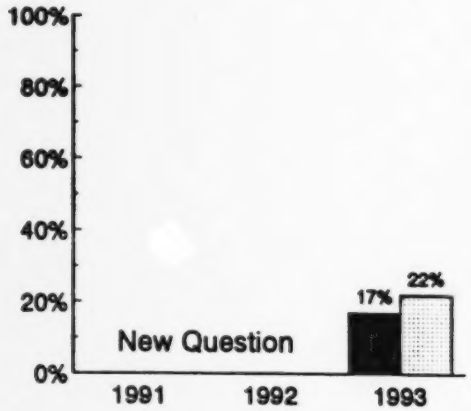
Question 56

Percentage of respondents who inhaled (sniffed or huffed) glue, gas, sprays from cans, or anything like that (not including cocaine) during their life = 20%

Responses by Grade



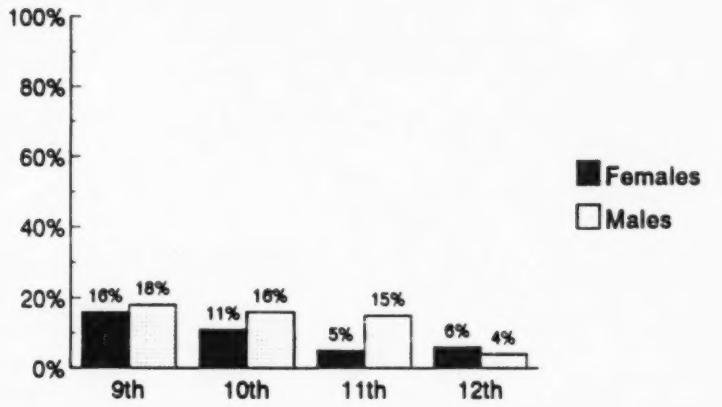
Responses by Year



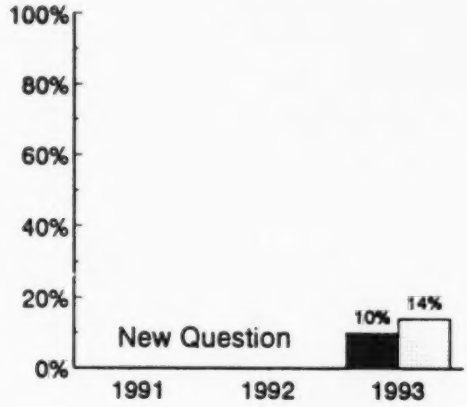
Question 57

Percentage of respondents who inhaled (sniffed or huffed) glue, gas, sprays from cans, or anything like that (not including cocaine) during the past 12 months = 12%

Responses by Grade



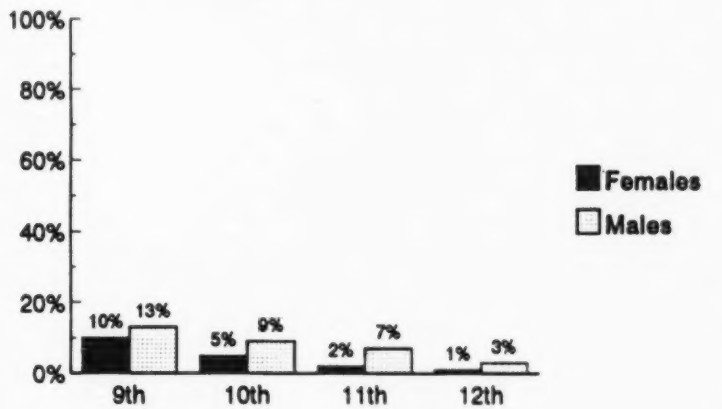
Responses by Year



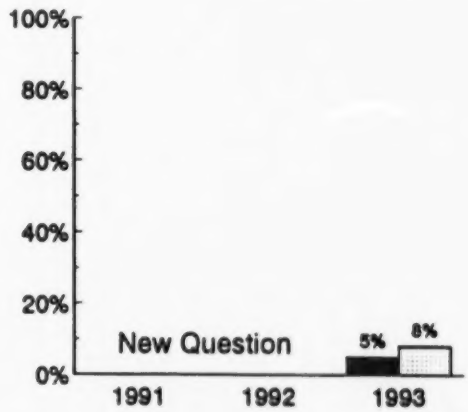
Question 58

Percentage of respondents who inhaled (sniffed or huffed) glue, gas, sprays from cans, or anything like that (not including cocaine) during the past 30 days = 7%

Responses by Grade



Responses by Year



Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancies

Related National Health Objectives for the Year 2000:

Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17.

Increase to at least 60% the proportion of sexually active, unmarried young women aged 15-19 who used a condom at last sexual intercourse.

Increase to at least 75% the proportion of sexually active, unmarried young men aged 15-19 who used a condom at last sexual intercourse.

Questions:

59. Have you ever talked about AIDS/HIV infection in school?

60. Have you ever talked about AIDS/HIV infection with your parents or other adults in your family?

61. Do you know where to get good information about AIDS/HIV infection?

62. Can a person get AIDS/HIV infection from being bitten by mosquitoes or other insects?

63. Can a person get AIDS/HIV infection from donating blood?

69. The **last time** you had sexual intercourse, did you or your partner use a condom?

72. Have you ever been told by a doctor or nurse that you had a sexually transmitted disease such as genital herpes, genital warts, chlamydia, syphilis, AIDS, or HIV infection?

Rationale:

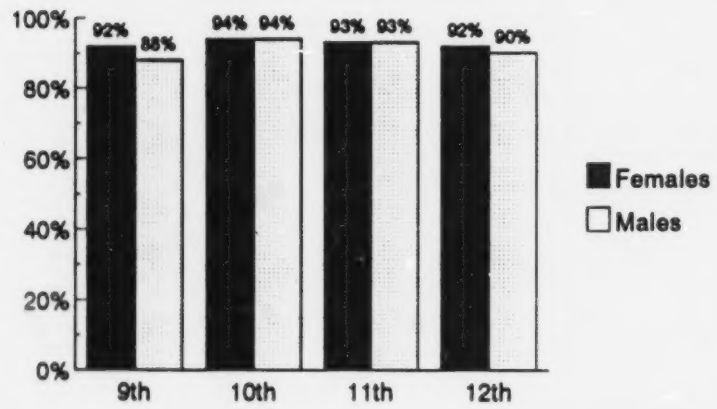
These questions measure whether students have received HIV education and whether students talk about HIV infection with parents or other adults. In addition, these questions measure condom use and identify students who have been diagnosed with an STD. Acquired immunodeficiency syndrome (AIDS) is the only major disease in the United States for which mortality is increasing.[6] AIDS is the 7th leading cause of years of potential life lost before age 65 in the United States[27] and is the 6th leading cause of death for youth aged 15-24.[17] Of the 12 million new cases of STD per year, 86% are among people aged 15-29.[28] STD may result in infertility, adverse effects on pregnancy outcome and maternal and child health, and facilitation of HIV transmission.[6]

Results: The results for Questions 59 - 63, 69, and 72 are summarized on pages 53 - 56.

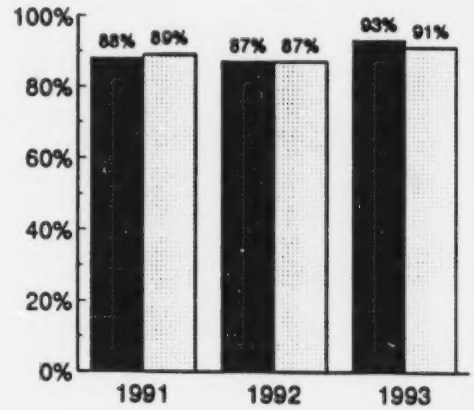
Question 59

Percentage of respondents who had been taught about AIDS/HIV infection in school = 92%

Responses by Grade



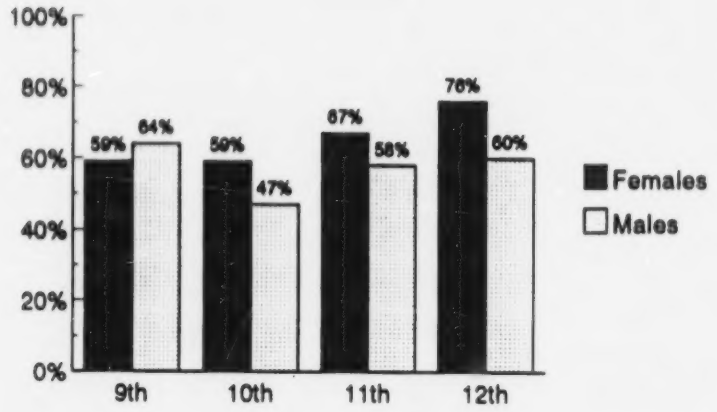
Responses by Year



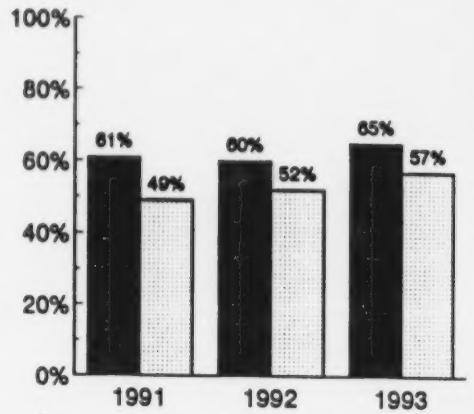
Question 60

Percentage of respondents who ever talked about AIDS/HIV infection with their parents or other adults in their family = 61%

Responses by Grade



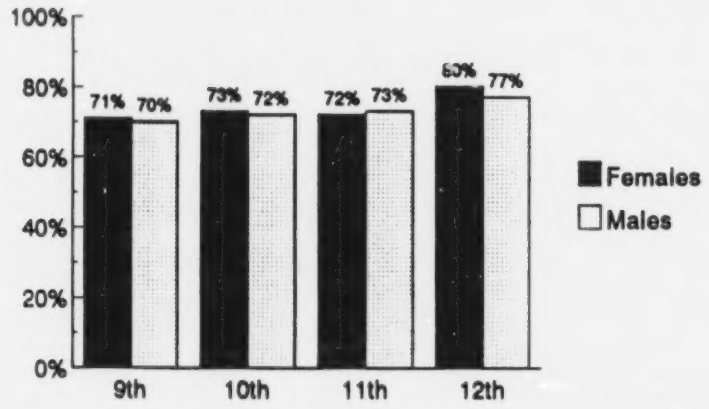
Responses by Year



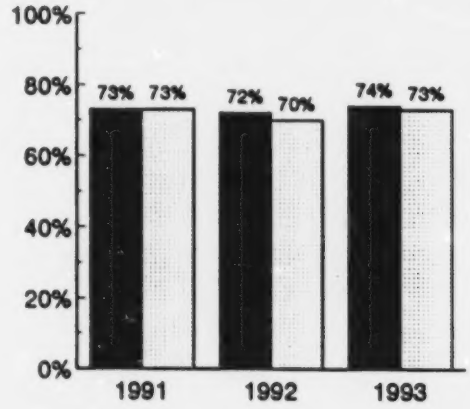
Question 61

Percentage of respondents who know where to get good information about AIDS/HIV infection = 73%

Responses by Grade



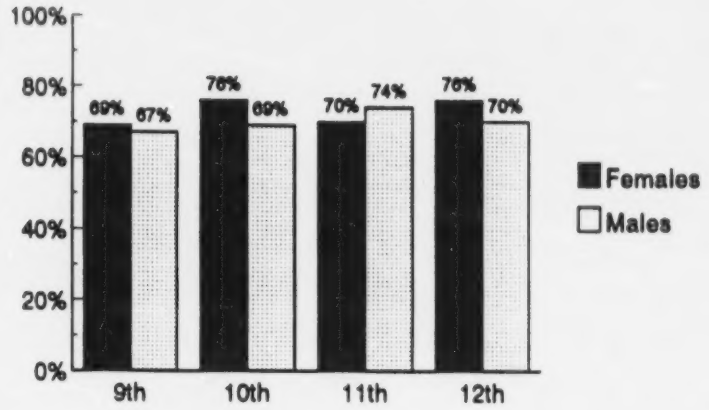
Responses by Year



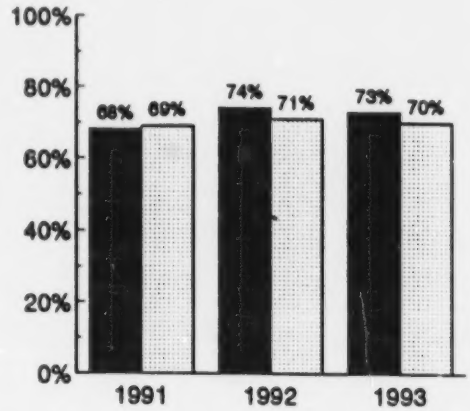
Question 62

Percentage of respondents who do not think a person can get AIDS/HIV infection from being bitten by mosquitoes or other insects = 71%

Responses by Grade



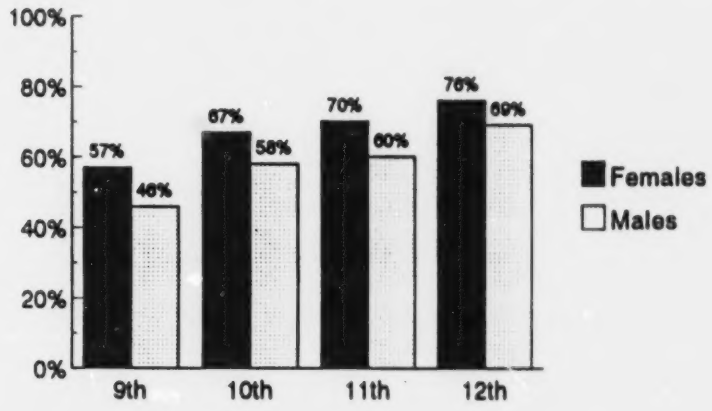
Responses by Year



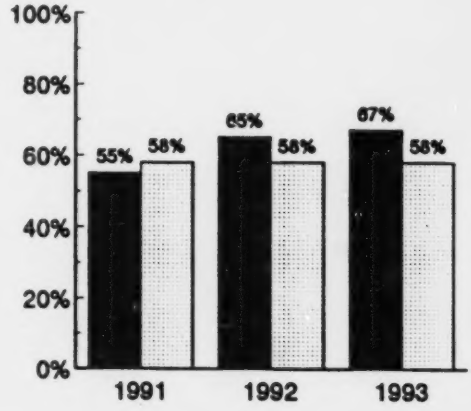
Question 63

Percentage of respondents who do not think a person can get AIDS/HIV infection from donating blood = 62%

Responses by Grade



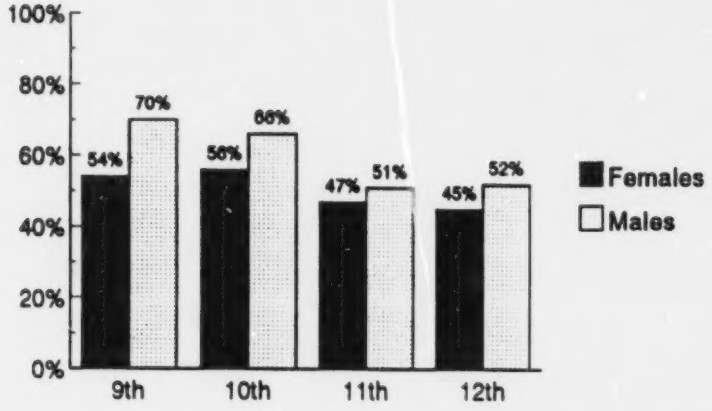
Responses by Year



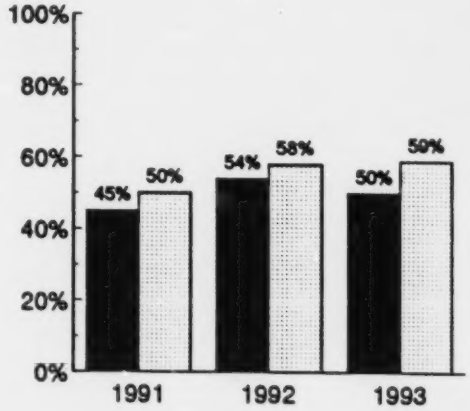
Question 69

Of respondents who had sexual intercourse, the percentage who used or whose partner used a condom during last sexual intercourse = 55%

Responses by Grade



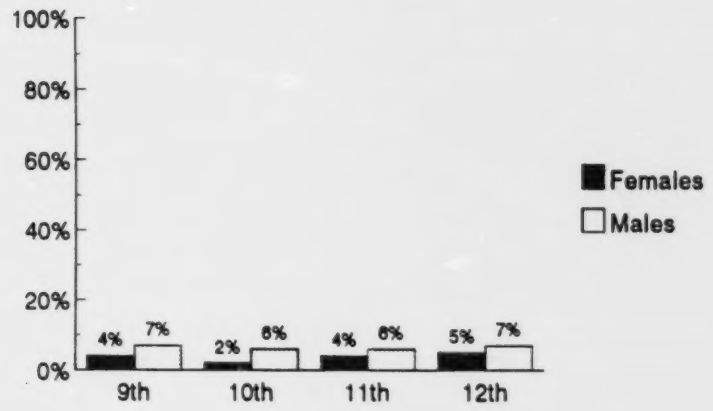
Responses by Year



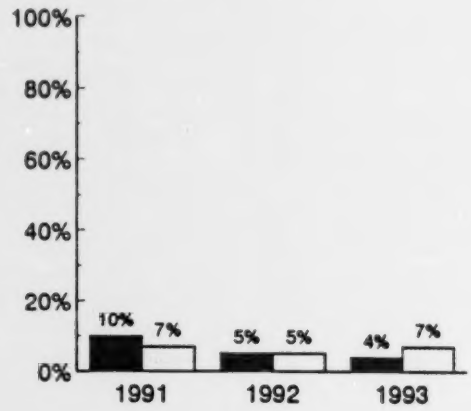
Question 72

Percentage of respondents who had ever been told by a doctor or nurse that they had a sexually transmitted disease such as genital herpes, genital warts, chlamydia, syphilis, gonorrhea, AIDS, or HIV infection = 5%

Responses by Grade



Responses by Year



Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancies

Related National Health Objectives for the Year 2000:

Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17.

Increase to at least 40% the proportion of ever sexually active adolescents aged 17 and younger who have abstained from sexual activity for the previous three months.

Questions:

64. Have you ever had sexual intercourse?

65. How old were you when you had sexual intercourse for the first time?

66. During your life, with how many people did you have sexual intercourse?

67. During the **past 3 months**, with how many people did you have sexual intercourse?

68. Did you drink alcohol or use drugs before you had sexual intercourse the last time??

73. Have you ever been forced to have sexual intercourse when you didn't want to on a date?

Rationale:

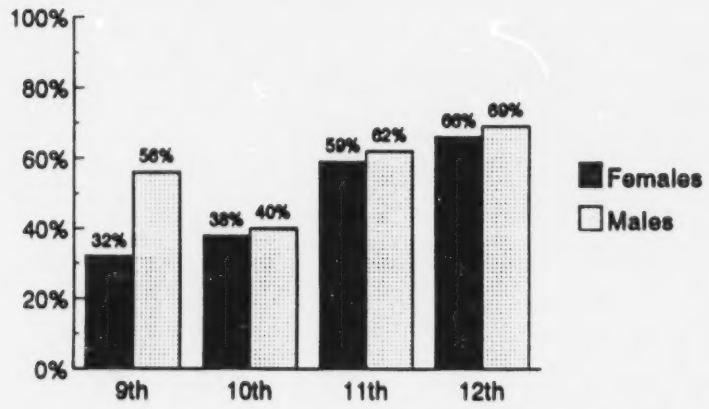
These questions measure the prevalence of sexual activity, number of sexual partners, age at first intercourse, and alcohol and drug use related to sexual activity. Early sexual activity is associated with unwanted pregnancy and STD, including HIV infection, and negative effects on social and psychological development. Number of sexual partners and age at first intercourse are associated with STD. Alcohol and drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse.[26]

Results: The results for Questions 64 - 68, and 73 are summarized on pages 58 - 60.

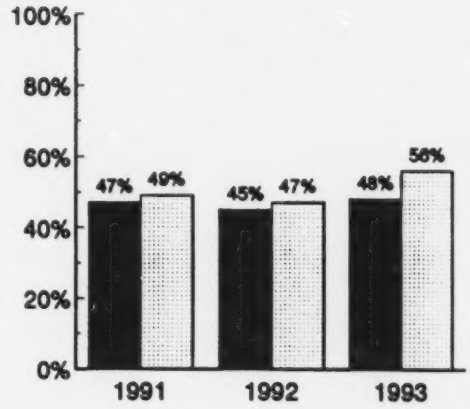
Question 64

Percentage of respondents who ever had sexual intercourse = 52%

Responses by Grade



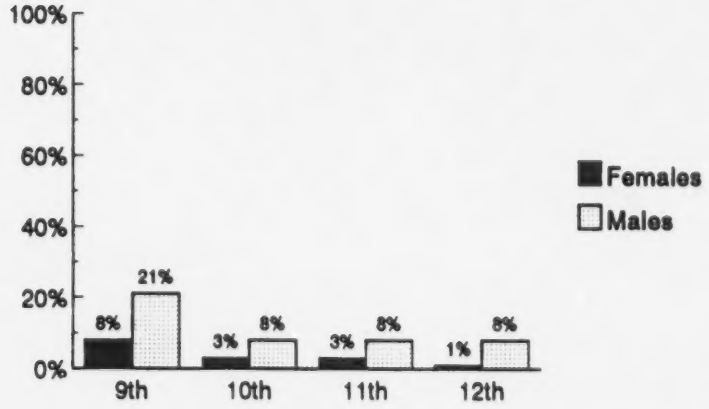
Responses by Year



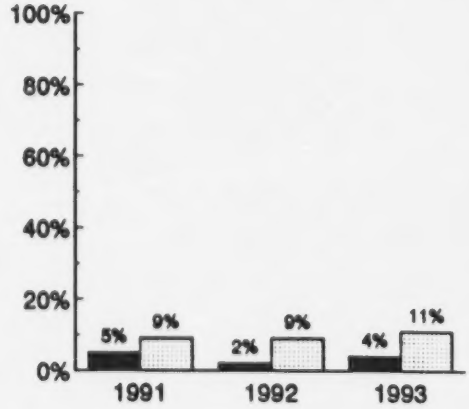
Question 65

Percentage of respondents who had sexual intercourse for the first time prior to age 13 = 8%

Responses by Grade



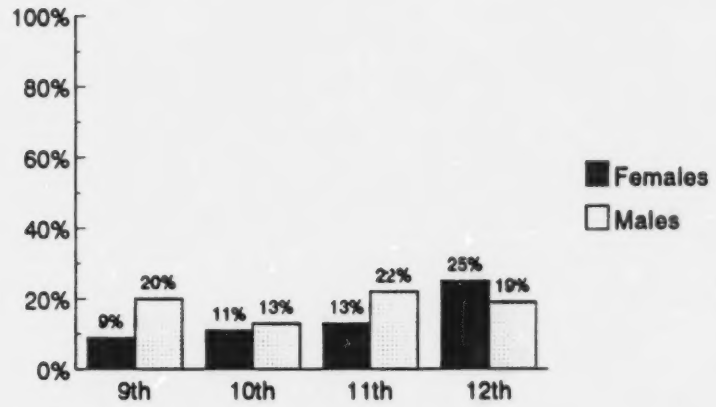
Responses by Year



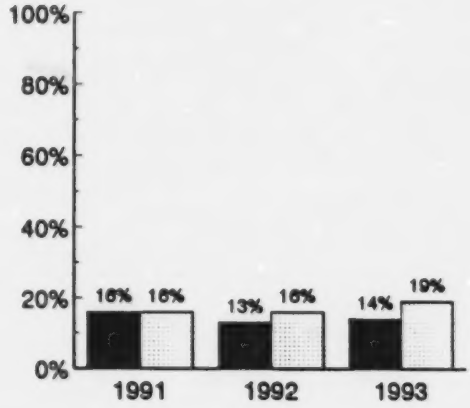
Question 66

Percentage of respondents who had sexual intercourse with four or more people during their life = 16%

Responses by Grade



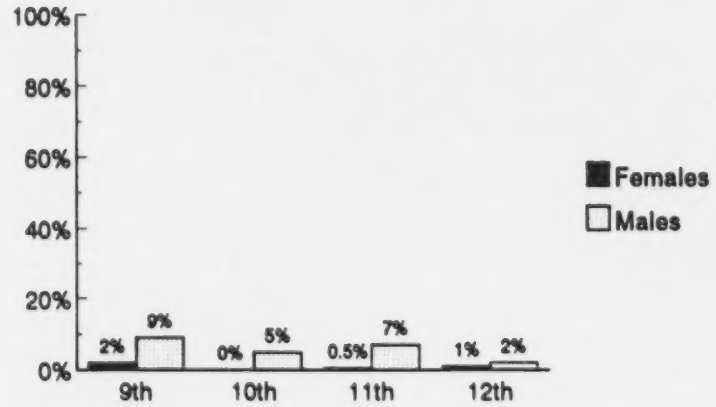
Responses by Year



Question 67

Percentage of respondents who had sexual intercourse with four or more people during the past 3 months = 4%

Responses by Grade

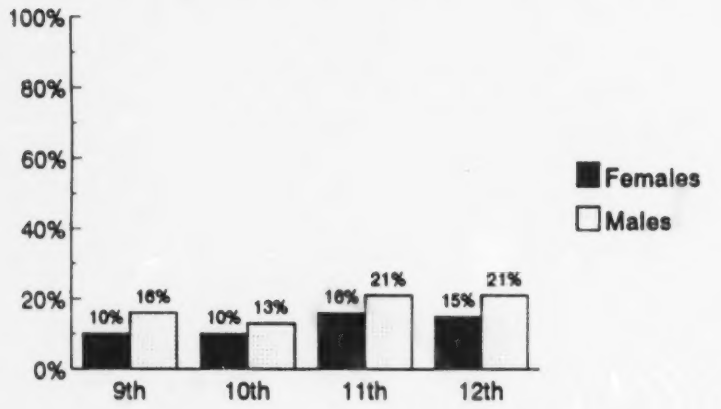


Responses by Year

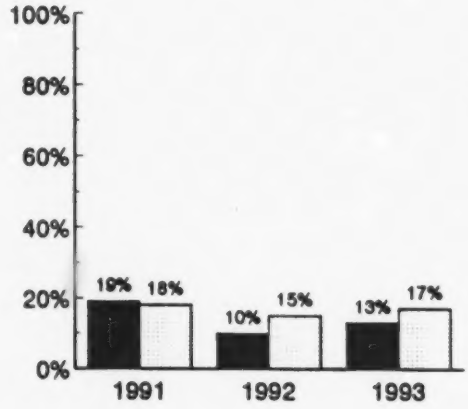
Question 68

Percentage of respondents who drank alcohol or used drugs before last sexual intercourse = 15%

Responses by Grade



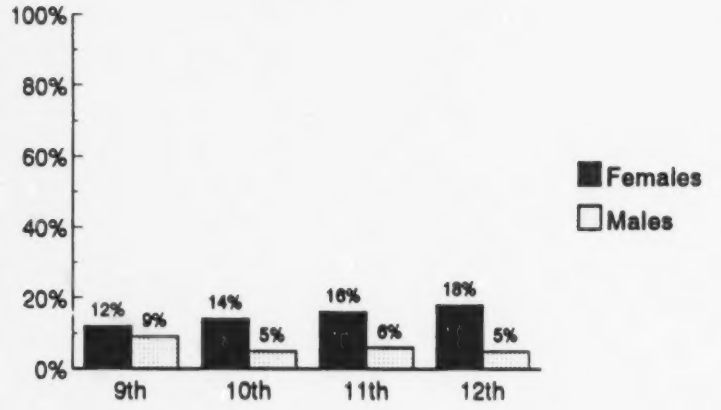
Responses by Year



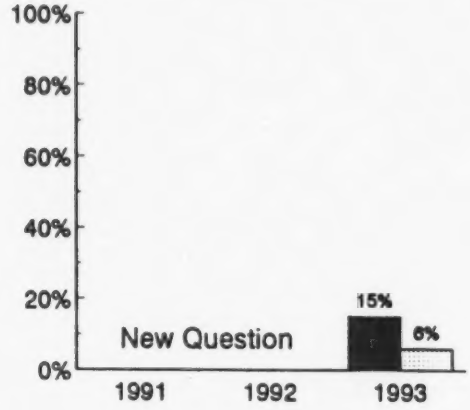
Question 73

Percentage of respondents who have been forced to have sexual intercourse when they didn't want to on a date = 11%

Responses by Grade



Responses by Year



Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancies

Related National Health Objectives for the Year 2000:

Reduce pregnancies among girls aged 17 and younger to no more than 50 per 1,000 adolescents.

Increase to at least 90% the proportion of sexually active, unmarried people aged 19 and younger who use contraception, especially combined method contraception that both effectively prevents pregnancy and provides barrier protection against disease.

Questions:

70. The **last time** you had sexual intercourse, what **one** method did you or your partner use to **prevent pregnancy**? (Select only **one** response.)

71. How many times have you been pregnant or gotten someone pregnant?

Rationale:

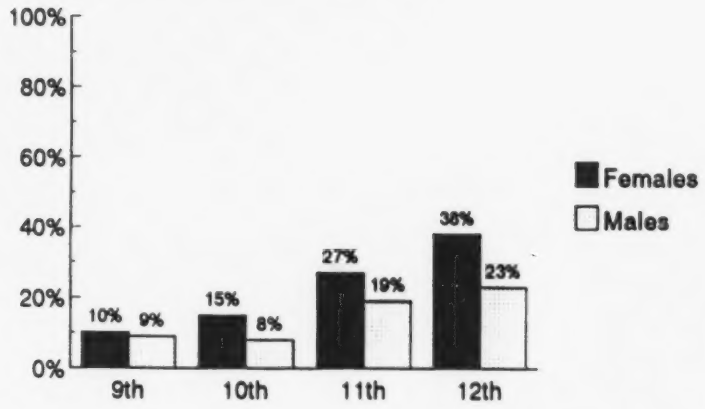
These questions measure use of contraception and identify whether a student has been pregnant or gotten someone pregnant. More than one million teenage girls in the United States become pregnant each year, just over 400,000 teenagers obtain abortions, and nearly 470,000 give birth.[25] One third of all unintended pregnancies occur among teenagers, and 75% of teenage pregnancies occur among adolescents who are not using contraception.[26] The United States leads all other Western developed countries in rates of adolescent pregnancy, abortion, and childbearing.[25]

Results: The results for Questions 70 and 71 are summarized on page 62.

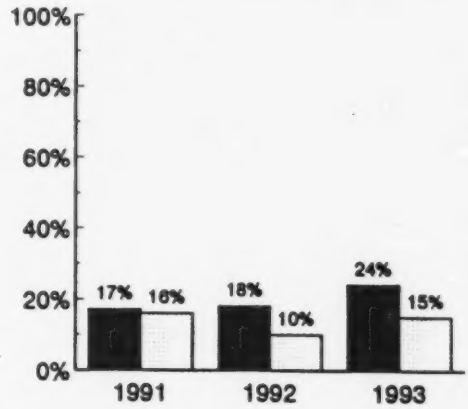
Question 70

Of respondents who had sexual intercourse, the percentage who used or whose partner used birth control pills to prevent pregnancy during last sexual intercourse = 20%

Responses by Grade



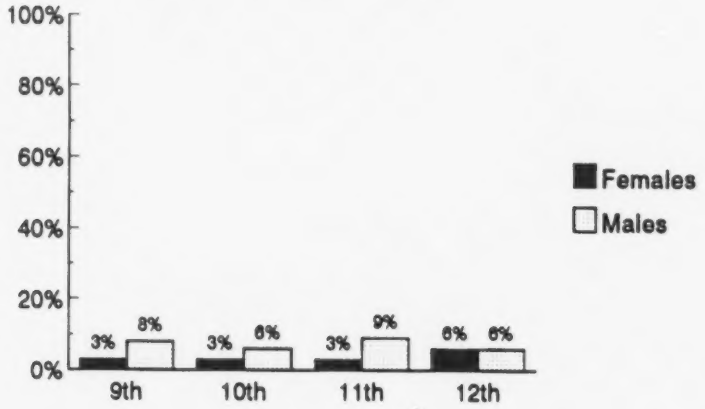
Responses by Year



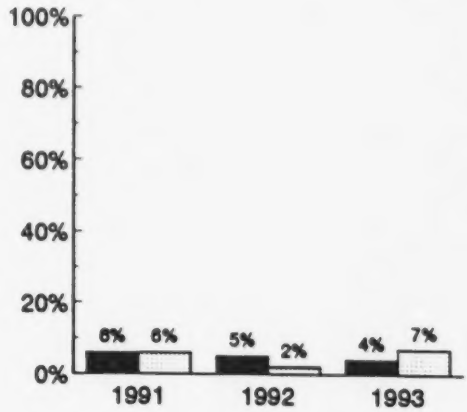
Question 71

Percentage of respondents who have been pregnant or gotten someone pregnant one or more times = 6%

Responses by Grade



Responses by Year



Dietary Behaviors

Related National Health Objectives for the Year 2000:

Reduce overweight to a prevalence of no more than 20% among people aged 20 and older and no more than 15% among adolescents aged 12-19.

Increase to at least 50% the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight.

Questions:

74. How do you think of yourself?
75. Which of the following are you trying to do?
76. During the past 7 days, which one of the following did you do to lose weight or to keep from gaining weight?
77. During the past 7 days, which one of the following did you do to lose weight or to keep from gaining weight?

Rationale:

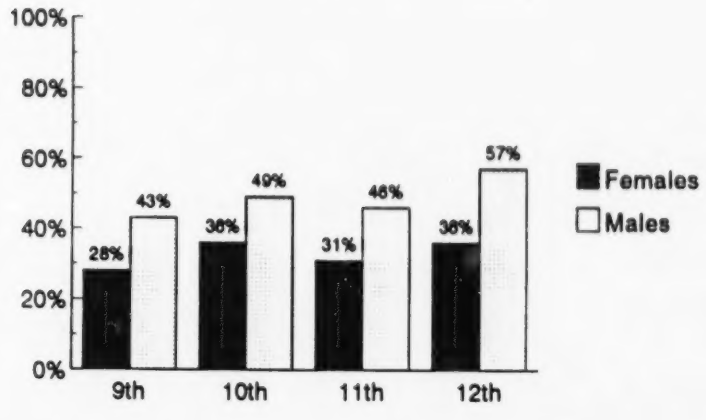
These questions measure self-perception of and efforts to modify body weight, including behaviors that may lead to eating disorders and other health problems. Obesity and extreme obesity appear to be increasing by as much as 39% and 64%, respectively, among adolescents aged 12-17.[29] Obesity acquired during childhood or adolescence may persist into adulthood, increasing later risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, some types of cancer, and gall bladder disease.[30] In addition, children and adolescents often experience social and psychological stress related to obesity.[31] Obesity in adolescence has been related to depression, problems in family relations, and poor school performance.[32] Overemphasis on thinness during adolescence may contribute to eating disorders, such as anorexia nervosa and bulimia.[30] Adolescent females represent a high-risk population for the development of these two health problems and compose 90% to 95% of all patients with eating disorders.[33]

Results: The results for Questions 74 - 77 are summarized on pages 64 - 65.

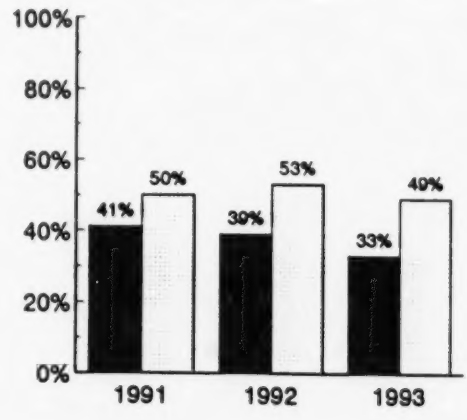
Question 74

Percentage of respondents who think of themselves as about the right weight = 41%

Responses by Grade



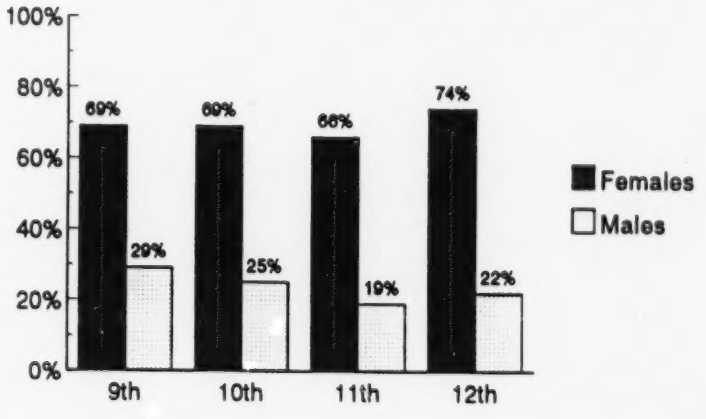
Responses by Year



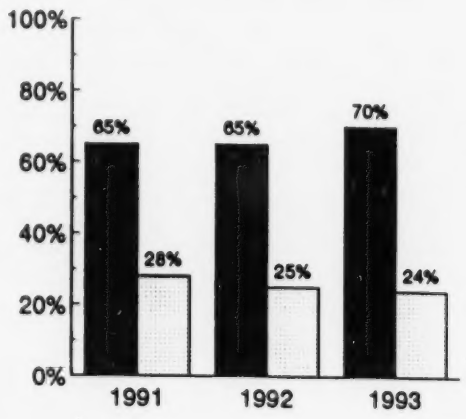
Question 75

Percentage of respondents who are trying to lose weight = 46%

Responses by Grade



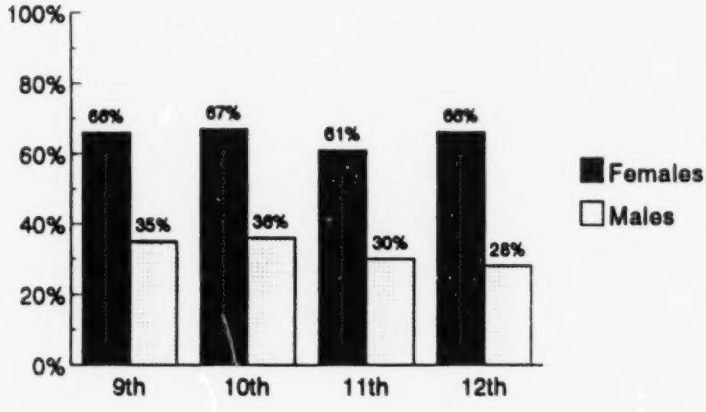
Responses by Year



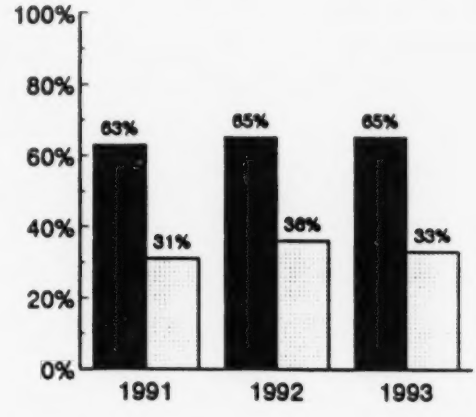
Question 76

Percentage of respondents who dieted, exercised, or exercised and dieted to try to lose weight or to keep from gaining weight, during the past 7 days = 48%

Responses by Grade



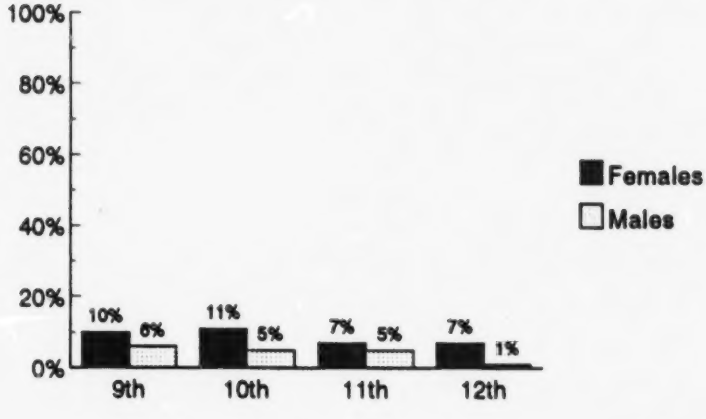
Responses by Year



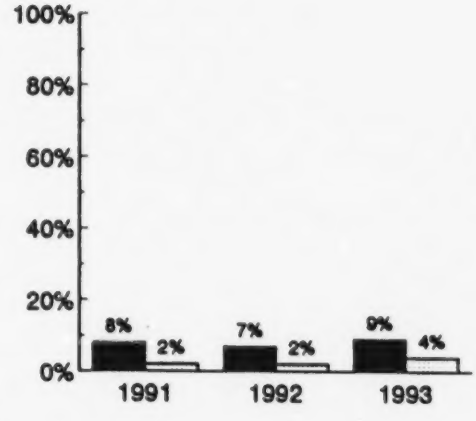
Question 77

Percentage of respondents who made themselves vomit, took diet pills, or made themselves vomit and took diet pills to lose weight or keep from gaining weight, during the past 7 days = 7%

Responses by Grade



Responses by Year



Dietary Behaviors

Related National Health Objectives for the Year 2000:

Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people aged 2 and older.

Increase complex carbohydrate and fiber-containing foods in the diets of adults to five or more daily servings for vegetables (including legumes) and fruits, and to six or more daily servings for grain products.

Questions:

78. Yesterday, did you eat fruit?

79. Yesterday, did you drink fruit juice?

80. Yesterday, did you eat green salad?

81. Yesterday, did you eat **cooked** vegetables?

82. Yesterday, did you eat hamburger, hot dogs, or sausage?

83. Yesterday, did you eat french fries or potato chips?

84. Yesterday, did you eat cookies, doughnuts, pie, or cake?

Rationale:

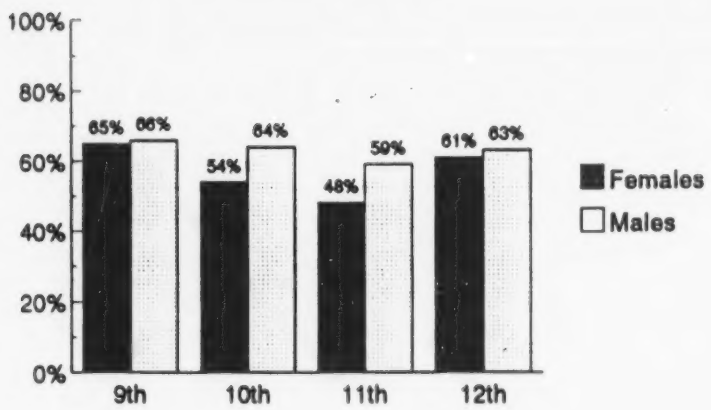
These questions measure food choices. Americans currently consume more than 36% of their total calories from fat. High fat diets, which are associated with increased risk of obesity, heart disease, some types of cancer, and other chronic conditions, often are consumed at the expense of foods high in complex carbohydrates and dietary fiber, considered more conducive to health.[30] Because lifetime dietary patterns are established during youth, adolescents should be encouraged to choose nutritious foods and to develop healthy eating habits.[34]

Results: The results for Questions 78 - 84 are summarized on pages 67 - 70.

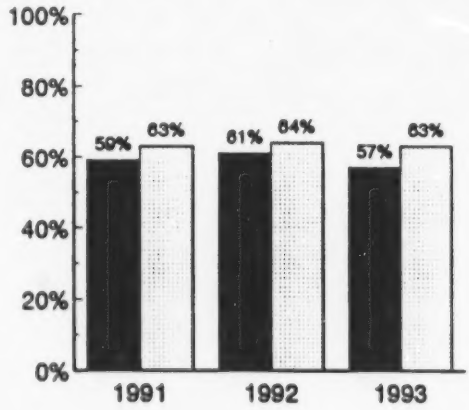
Question 78

Percentage of respondents who ate fruit one or more times yesterday = 60%

Responses by Grade



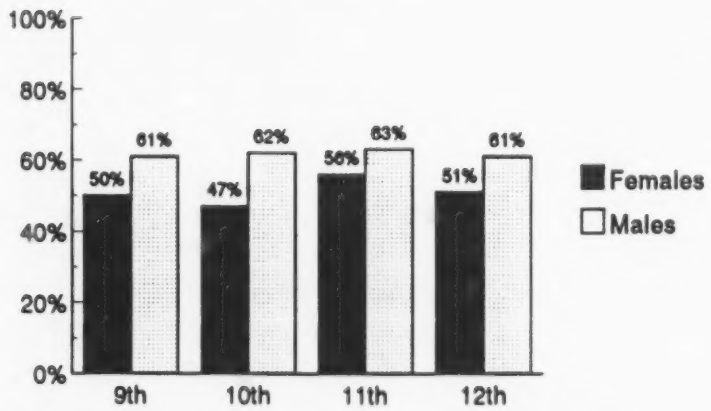
Responses by Year



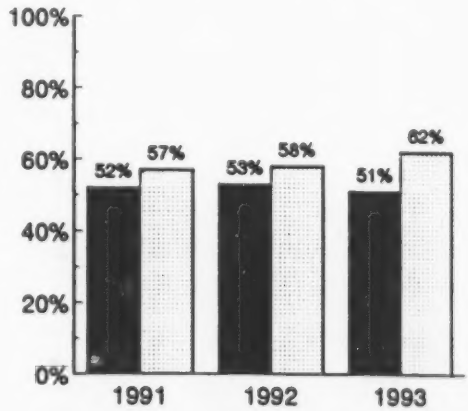
Question 79

Percentage of respondents who drank fruit juice one or more times yesterday = 56%

Responses by Grade



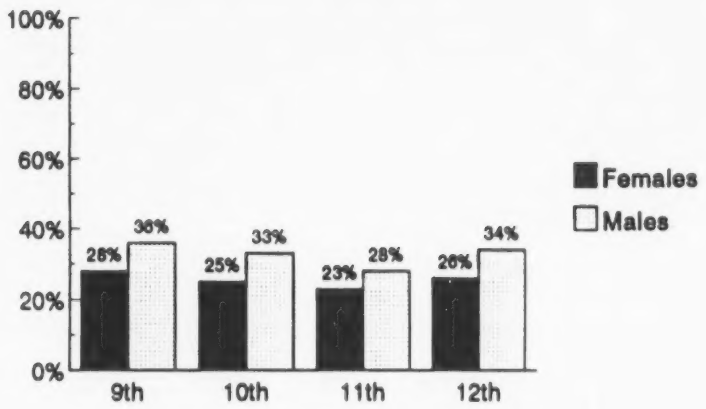
Responses by Year



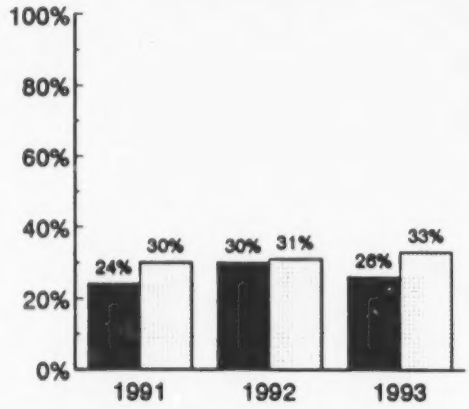
Question 80

Percentage of respondents who ate green salad one or more times yesterday = 29%

Responses by Grade



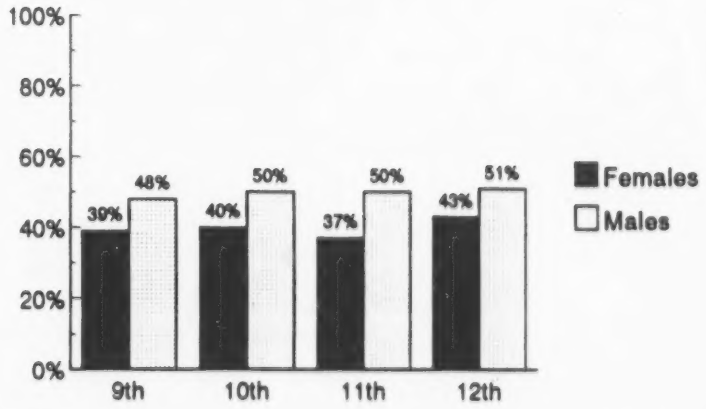
Responses by Year



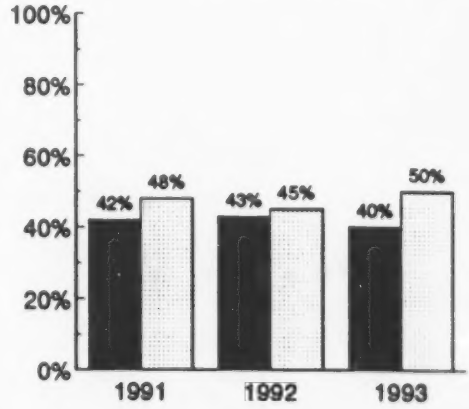
Question 81

Percentage of respondents who ate cooked vegetables one or more times yesterday = 45%

Responses by Grade



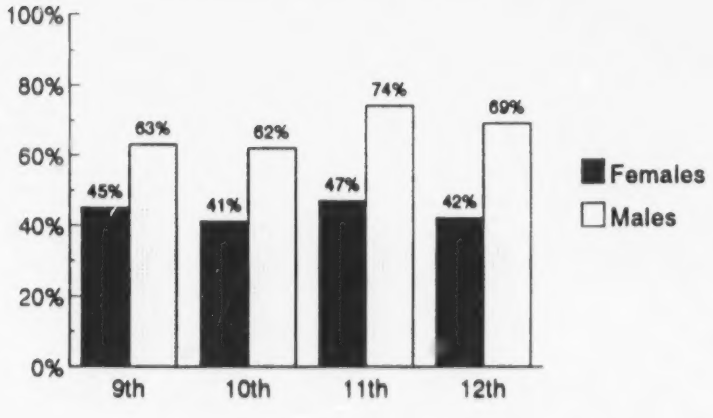
Responses by Year



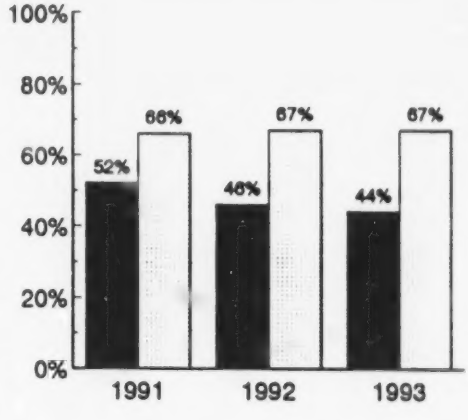
Question 82

Percentage of respondents who ate hamburger, hot dogs, or sausage one or more times yesterday = 56%

Responses by Grade



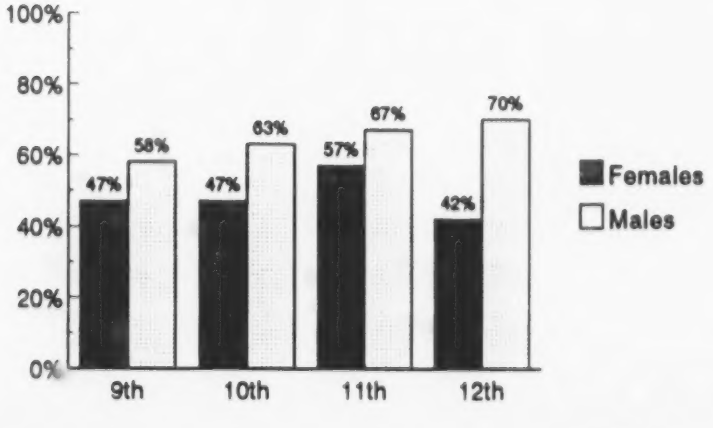
Responses by Year



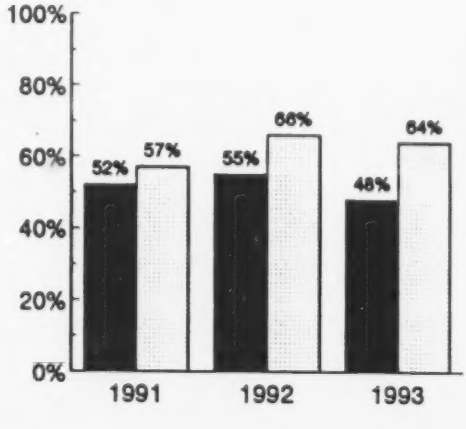
Question 83

Percentage of respondents who ate french fries or potato chips one or more times yesterday = 56%

Responses by Grade



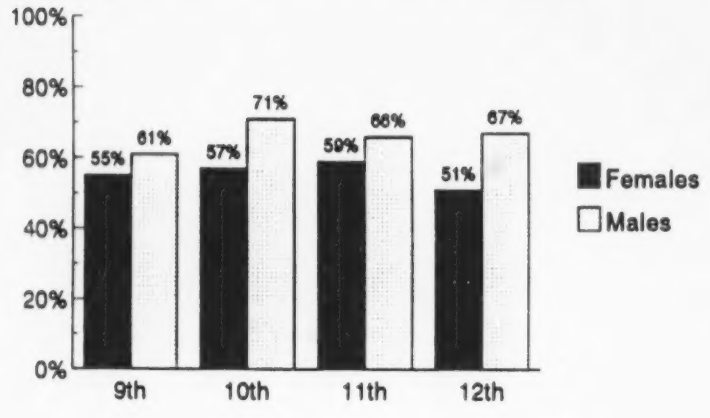
Responses by Year



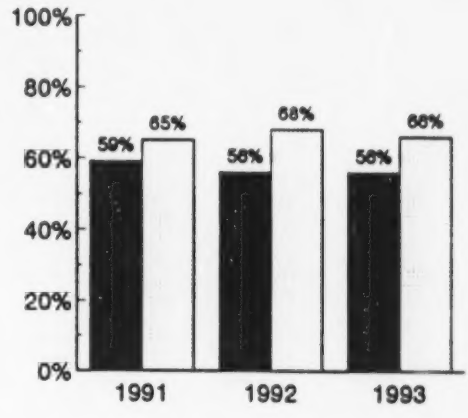
Question 84

Percentage of respondents who ate cookies, doughnuts, pie, or cake one or more times yesterday = 61%

Responses by Grade



Responses by Year



Physical Activity

Related National Health Objectives for the Year 2000:

Increase to at least 30% the proportion of people aged 6 and older who engage regularly, preferably daily, in light to moderate physical activity for at least 30 minutes per day.

Increase to at least 20% the proportion of people aged 18 and older and to at least 75% the proportion of children and adolescents aged 6-17 who engage in vigorous physical activity that promotes the development and maintenance of cardiorespiratory fitness 3 or more days per week for 20 or more minutes per occasion.

Reduce to no more than 15% the proportion of people aged 6 and older who engage in no leisure-time physical activity.

Increase to at least 40% the proportion of people aged 6 and older who regularly perform physical activities that enhance and maintain muscular strength, muscular endurance, and flexibility.

Increase to at least 50% the proportion of overweight people aged 12 and older who have adopted sound dietary practices combined with regular physical activity to attain an appropriate body weight.

Increase to at least 50% the proportion of children and adolescents in 1 st through 12th grade who participate in daily school physical education.

Increase to at least 50% the proportion of school physical education class time that students spend being physically active, preferably engaged in lifetime physical activities.

Questions:

85. On how many of the past 7 days did you exercise or participate in sports activities **that made you sweat and breathe hard**, such as basketball, jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities?

86. On how many of the past 7 days did you do **stretching exercises**, such as toe touching, knee bending, or leg stretching?

87. On how many of the past 7 days did you do exercises to **strengthen or tone your muscles**, such as push-ups, sit-ups, or weight lifting?

88. Yesterday, did you walk or bicycle for at least 30 minutes at a time? (Include walking or bicycling to or from school.)

89. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

90. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

91. During the past 12 months, on how many sports teams **run by your school**, did you play? (Do not include PE classes.)

92. During the past 12 months, on how many sports teams **run by organizations outside of your school**, did you play?

Rationale:

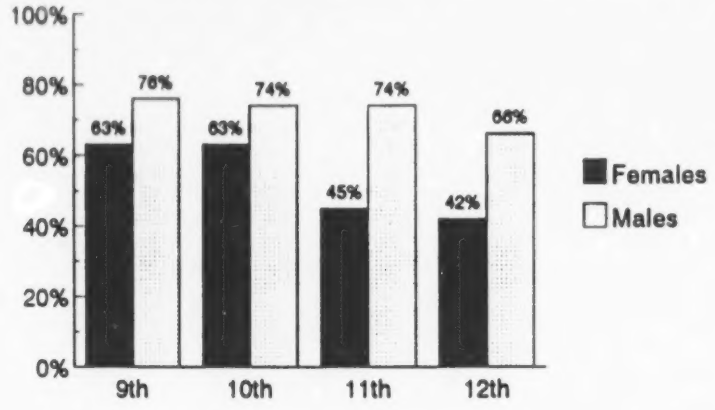
These questions measure participation in physical activity. Regular physical activity increases life expectancy[36] and is associated with good mental health and self-esteem.[36] Additionally, regular physical activity can assist in the prevention and management of coronary heart disease, hypertension, diabetes, osteoporosis, obesity, and mental health problems.[37] School physical education programs can have a significant positive effect on the health-related fitness of children.[38,39]

Results: The results for Questions 85 - 92 are summarized on pages 73 - 76.

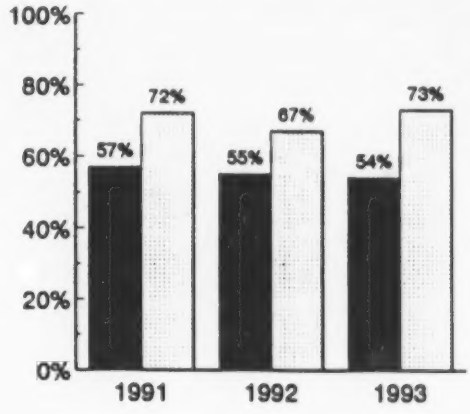
Question 85

Percentage of respondents who exercised or participated in sports activities for at least 20 minutes that made them sweat and breathe hard such as basketball, jogging, fast dancing, swimming laps, tennis, fast bicycling, or similar aerobic activities during 3 or more of the past 7 days = 64%

Responses by Grade



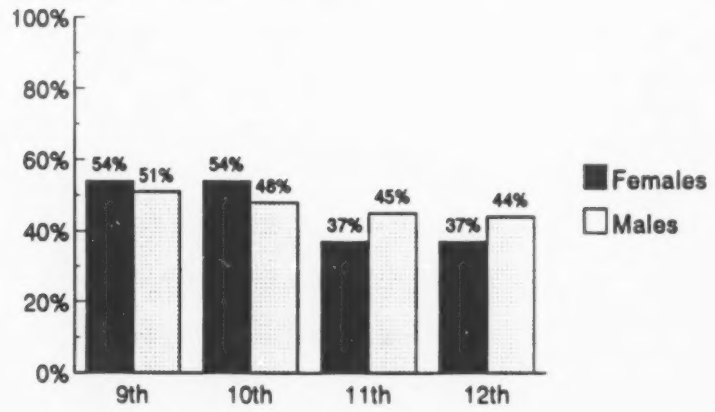
Responses by Year



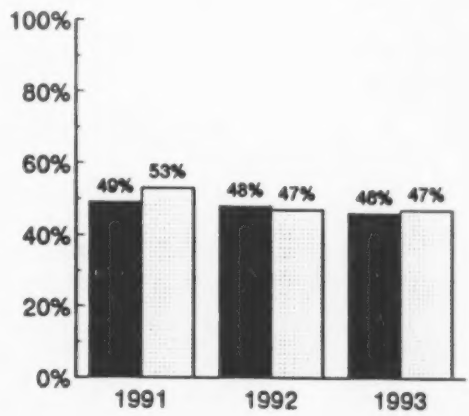
Question 86

Percentage of respondents who did stretching exercises, such as toe touching, knee bending, or leg stretching, during 3 or more of the past 7 days = 47%

Responses by Grade



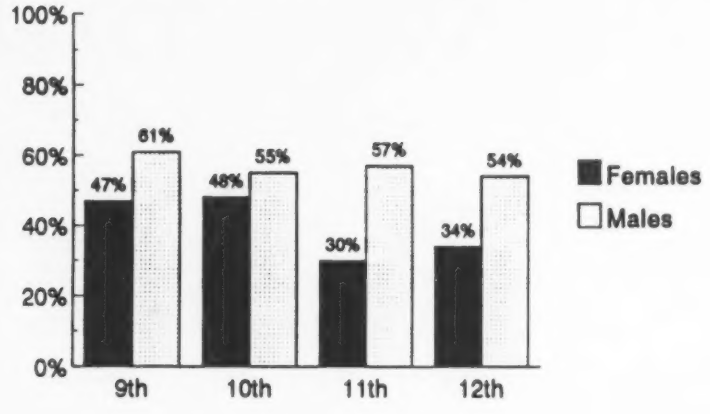
Responses by Year



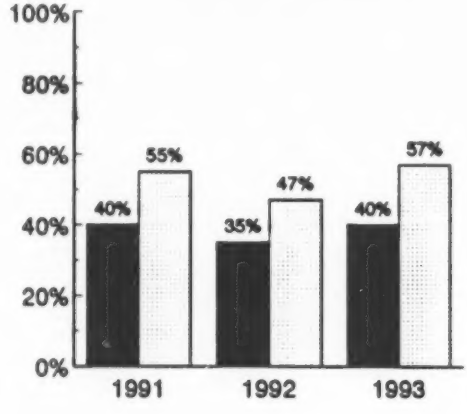
Question 87

Percentage of respondents who did exercises to strengthen or tone their muscles, such as push-ups, sit-ups, or weight lifting, during 3 or more of the past 7 days = 48%

Responses by Grade



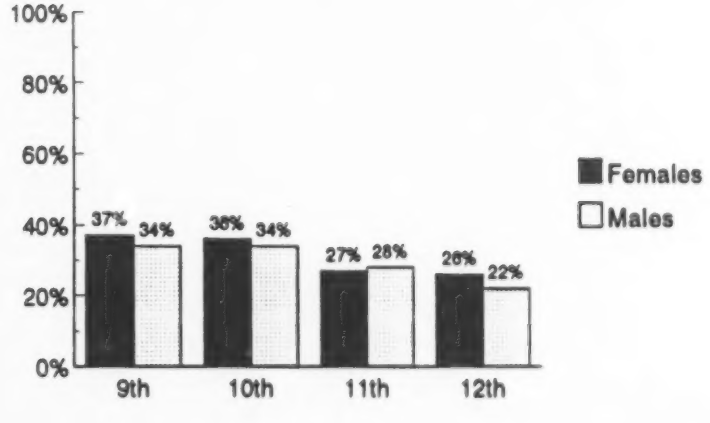
Responses by Year



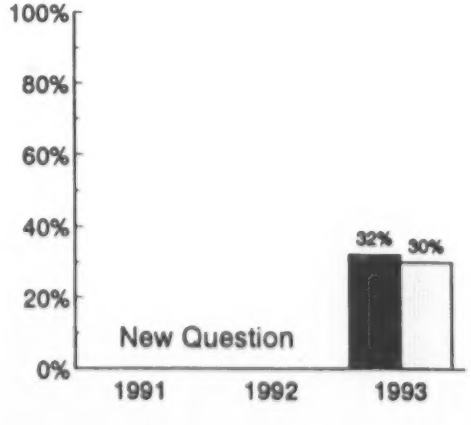
Question 88

Percentage of respondents who walked or bicycled for at least 30 minutes at a time on 3 or more of the past 7 days = 31%

Responses by Grade



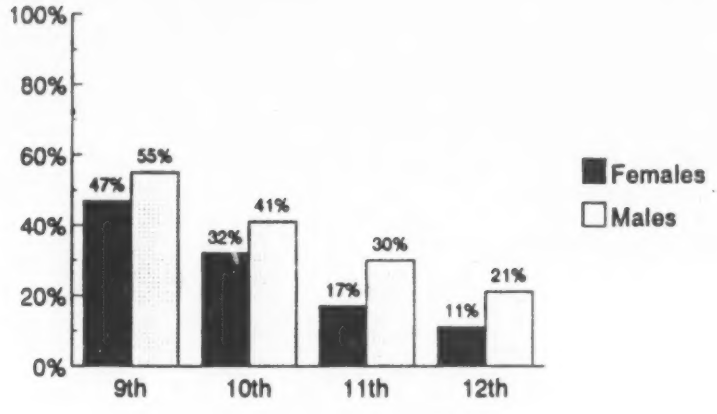
Responses by Year



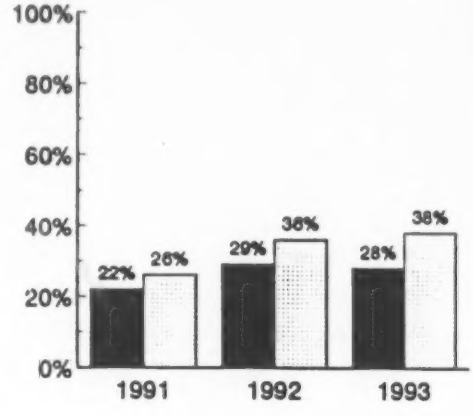
Question 89

Percentage of respondents who went to physical education class one or more days in an average school week = 33%

Responses by Grade



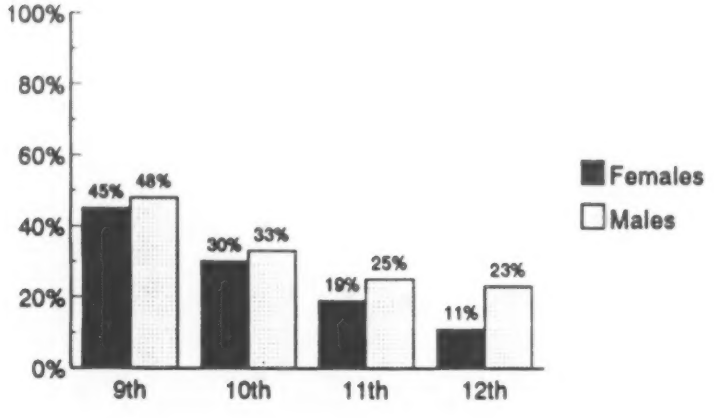
Responses by Year



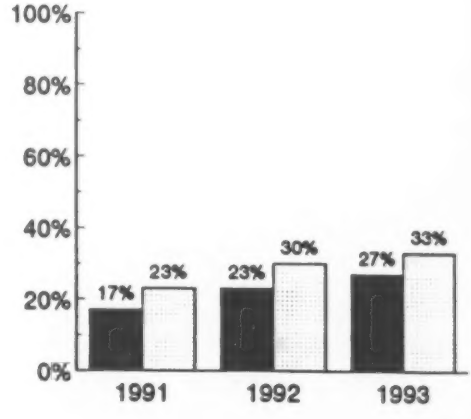
Question 90

Percentage of respondents who spend more than 20 minutes actually exercising or playing sports during an average physical education class = 30%

Responses by Grade



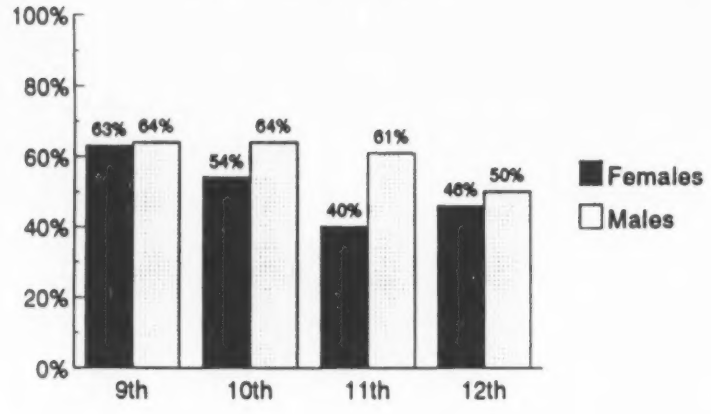
Responses by Year



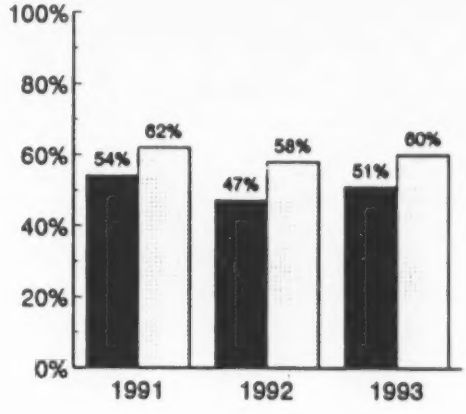
Question 91

Percentage of respondents who played on one or more sports teams run by their school, not including PE classes, during the past 12 months = 56%

Responses by Grade



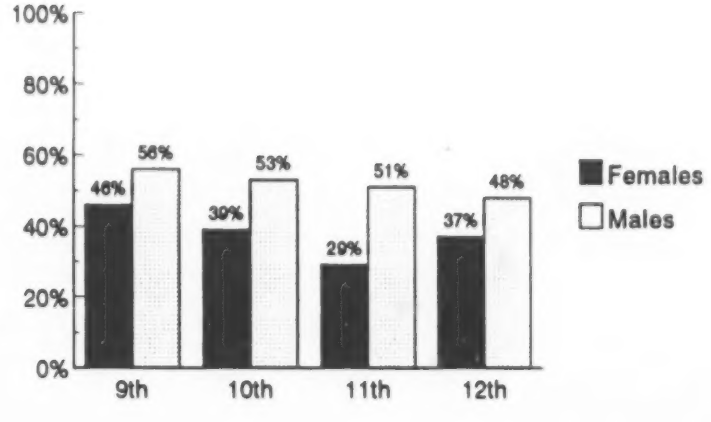
Responses by Year



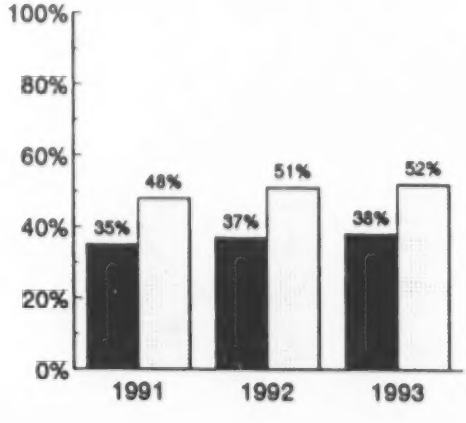
Question 92

Percentage of respondents who played on one or more sports teams run by organizations outside their school, during the past 12 months = 45%

Responses by Grade



Responses by Year



References

1. National Highway Traffic Safety Administration. Final Regulatory Impact Analysis: Amendment of FMVSS No. 208 - Passenger Car Front Seat Occupant Protection. Washington, DC: U.S. Department of Transportation, 1984.

2. Healthy People: National Health Promotion and Disease Prevention Objectives. U.S. Department of Health and Human Services, Public Health Service, Conference Edition, September, 1990.

3. National Committee for Injury Prevention and Control. Injury Prevention: Meeting the Challenge. Supplement to American Journal of Preventive Medicine 5(3), 1989.

4. National Highway Traffic Safety Administration. A Report to the Congress on the Effect of Motorcycle Helmet Use Law Repeal: A Case for Helmet Use. Washington, DC: Department of Transportation, 1980.

5. Thompson, R.S.; Rivara, F.P.O.; and Thompson, D.C. A case-control study of the effectiveness of bicycle safety helmets. New England Journal of Medicine 320(21):1364-1366, 1989.

6. U.S. Department of Health and Human Services. Prevention '89/'90: Federal Programs and Progress. Washington, DC: U.S. Government Printing Office, 1990.

7. National Highway Traffic Administration. Fatal Accident Reporting System, 1987. Washington, DC: Department of Transportation, 1988.

8. National Highway Traffic Safety Administration. The Economic Cost to Society of Motor Vehicle Accidents. Technical Report DOT HS 809-195. Washington, DC: U.S. Department of Transportation, 1987.

9. O'Carroll, P.W., and Smith, J.A. Suicide and homicide. In: Wallace, H.M., Ryan G., and Oglesby, A.C., eds. Maternal and Child Health Practices. Oakland, CA: Third Party Publishing 583-597, 1988.

10. Rivara, F.P. Traumatic deaths of children in the United States: Currently available prevention strategies. Pediatrics 75(3):456-62, 1985.

11. Wood, N.P., Jr., and Mercy, J.A. Unintentional firearm-related fatalities, 1970-1984. Morbidity and Mortality Weekly Report 37(SS-1):47-52, 1988.

12. National Center for Health Statistics. Prevention profile. Health, United States, 1989. DHHS Pub. No. (PHS)90-1232. Hyattsville, MD: U.S. Department of Health and Human Services, 1990.

13. Luckenbill, D.F. Criminal homicide as a situated transaction. Social Problems 25:176-186, 1977.

14. Gulaid, J.A., and Sattin, R.W. Drownings in the United States, 1978-1984. Morbidity and Mortality Weekly Report 37(SS-1):27-33, 1988.

15. Public Health Service. The Health Benefits of Smoking Cessation. DHHS Pub. No. (CDC)90-8416. Washington, DC: U.S. Department of Health and Human Services, 1990.

16. Center for Disease Control. Smoking-attributable mortality and years of potential life lost--United States, 1988. Morbidity and Mortality Weekly Report 40:62-63, 69-71, 1991.

17. National Center for Health Statistics. Advance report of final mortality statistics, 1989. Monthly Vital Statistics Report 40(8):supplement 2, 1992.

18. Office on Smoking and Health. Reducing the Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General. DHHS Pub. No. (CDC)89-8411. Washington, DC: U.S. Department of Health and Human Services, 1989.

19. Johnston, L.D.; O'Malley, P.M.; and Bachman, J.G. National Trends in Drug Use and Related Factors Among American High School Students and Young Adults, 1975-1986. DHHS Pub. No. (ADM)87-1535. Rockville, MD: National Institute on Drug Abuse, 1987.

20. Public Health Service. The Health Consequences of Using Smokeless Tobacco: A Report of the Advisory Committee to the Surgeon General. NIH Pub. No. 86-2874. Bethesda, MD: U.S. Department of Health and Human Services, 1986.

21. Perrine, M.; Peck, R.; and Fell, J. Epidemiologic perspectives on drunk driving. In: Surgeon General's Workshop on Drunk Driving: Background Papers. Washington, DC: U.S. Department of Health and Human Services, 1988.

22. Public Health Service. Healthy People 2000: National Health Promotion and Disease Prevention Objectives--Full Report, With Commentary. DHHS Pub. No. (PHS)91-50212. Washington, DC: U.S. Department of Health and Human Services, 1991.

23. Dryfoos, J.G. Working Paper on Youth at Risk: One in Four in Jeopardy. Hastings-on-the-Hudson, New York: Report submitted to the Carnegie Corporation, 1987.

24. Johnston, L.D.; O'Malley, P.M.; and Bachman, J.G. Drug Use, Drinking, and Smoking: National Survey Results from High School, College, and Young Adult Populations, 1975-1988. DHHS Pub. No. (ADM)89-1638. Rockville, MD: National Institute on Drug Abuse, 1989.

25. Hofferth, S.L., and Hayes, C.D. (eds.). Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing. Panel on Adolescent Pregnancy and Childbearing, Committee on Child Development Research and Public Policy, Commission on Behavioral and Social Sciences and Education, National Research Council. Washington, DC: National Academy Press, 1987.

26. Westoff, C.F. Contraceptive paths toward reduction of unintended pregnancy and abortion. Family Planning Perspectives 20(1):4-13, 1988.

27. Center for Disease Control. Years of potential life lost before age 65: United States, 1987. Morbidity and Mortality Weekly Report 38:27-29, 1989.

28. Division of Sexually Transmitted Diseases. Annual Report, 1989. Center for Prevention Services, Centers for Disease Control, U.S. Public Health Service, 1990.

29. Gortmaker, S.L.; Dietz, W.H.; Sobol, A.M.; and Wehler, C.A. Increasing pediatric obesity in the United States. American Journal of Diseases of Children 141:535-540. 1987.

30. Public Health Service. The Surgeon General's Report on Nutrition and Health. DHHS Pub. No. (PHS)88-50210. Washington, DC: U.S. Department of Health and Human Services, 1988.

31. Rotatori, A.F., and Fox, R.A. Obesity in Children and Youth: Measurement, Characteristics, Causes, and Treatment. Springfield, IL: Charles C. Thomas, Publisher, 1989.

32. Stein, R.F. Comparison of self-concept of nonobese and obese university junior female nursing students. Adolescence 22:77-90, 1987.

33. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 4th ed. Washington, DC: American Psychiatric Association, 1987.

34. Select Panel for the Promotion of Child Health. Report to the United States Conference and the Secretary of Health and Human Services, vol. I, Major findings and recommendations; vol. IV, Background papers. DHHS Pub. No. (PHS)79-55071. Washington, DC: U.S. Government Printing Office, 1981.

35. Paffenbarger, R.S.; Hyde, R.T.; Wing, A.L.; and Hsieh, C.C. Physical activity, all-cause mortality, and longevity of college alumni. New England Journal of Medicine 314:605-613, 1986.

36. Marinek, T.J.; Cheffers, J.T.F.; and Zaichkowsky, L.D. Physical activity, motor development, and self-concept: race and age differences. Perceptual and Motor Skills 46:147-154, 1978.

37. Harris, S.S.; Caspersen, C.J.; DeFriese, G.H.; and Estes, E.H. Physical activity counseling for healthy adults as a primary preventive intervention in the clinical setting. Journal of the American Medical Association 261:3590-3598, 1989.

38. U.S. Department of Health and Human Services. National children and youth fitness study. Journal of Physical Education, Recreation, and Dance 56:44-90, 1985.

39. U.S. Department of Health and Human Services. National children and youth fitness study II. Journal of Physical Education, Recreation, and Dance 58:50-96, 1987.

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